

DONATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ENCLOSED IS MY DONATION OF \$\_\_\_\_\_.

It is:

- a one-time donation
- a monthly pledge
- to support a radio station (\$50 per month) in the country of \_\_\_\_\_
- to support a TV station (\$125 per month) in the country of \_\_\_\_\_

OPTIONAL

- Send me a certificate to document my monthly pledge.
- Pray for me. I have the following need \_\_\_\_\_

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Mail your donation to the address below. Thank you very much!