

Clip coupon and mail with check to me. DO NOT MAIL TO TEEN MISSIONS.

Donation \$ _____ Check # _____

Pledge for \$ _____ per month for 4 months. (No reminder sent)

Have you contributed to Teen Missions before? Yes No

Is this a one-time contribution? Yes No

I will be a Prayer Partner.

Receipt will be issued to person named below.

Mr. & Mrs. Mr. Mrs. Miss Ms. Business/Organization

Name _____

Mailing Address _____

City _____ State _____ Zip _____

(Province) (Postal Code)

Phone (_____) _____

(Not used for solicitation)

E-mail _____

I work for a Matching Gift company. Name of company _____

**Send check
and coupon
by May 15 to** →

Team Member/Leader: Complete this portion

(PLEASE PRINT IN BLOCK LETTERS)

Mail to _____
Team Member/Leader Computer ID#

Team **Malawi Preteen** # **10070**

Address _____

City _____ State _____ Zip _____
(Province) (Postal Code)

(Enclose Matching Gift Form with donation if applicable)