

Yes, I want to be a partner on
this journey of faith!

I want to be a prayer partner with this ministry

I want to contribute \$ _____

monthly quarterly yearly once

To support

orphans/destitute children

Bible College

missionaries

wherever most needed

I'm interested in a short or long term mission project
with this ministry.

I want to keep up-to-date on this ministry.

I would like to host a meeting where the work of Mis-
sion:Chad can be presented to others in my community

O t h e r

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____

E-MAIL: _____

To receive a tax deductible receipt, please make checks
payable to:

"Mission:Chad"
PO Box 686
Waxhaw, NC 28173

Mission:Chad can be contacted at: (815)286-8018
info@mission-chad.org

Mission:Chad is a 501(c)(3) organization