

YES! *I want to pledge my support for...*

_____ *(name of missionary)*

Monthly Amount: ___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ \$_____

Other: \$_____ ___ Quarterly ___ Yearly

As God provides, I am pledging my support for:

 ___ 1 year ___ 2 years ___ Indefinite

I am unable to invest on a regular basis but am enclosing a gift of \$ _____

Name: _____

Address: _____

City/State/ZIP: _____

(Please detach and return with first gift)

- To receive a tax deductible receipt, please make checks payable to:
We Care Program *(For technical legal reasons it is best to designate gift on a separate note. Do not write missionary's name on the check itself.)*
- Contribution will be used exclusively for the missionary's compensation.
- We Care Program will report monthly to each missionary a listing of contributions received for him/her.
- Unless requested otherwise, all donors will be added to the mailing list to receive "*The Connection*," We Care Program's periodic newsletter of news, views, and testimonies.

We Care Program

3493 Highway 21
Atmore, AL 36502-4669
251-368-8818