

WILL YOU GIVE TODAY?

1 YOUR CONTACT INFO

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

2 YES, I WOULD LIKE TO GIVE!

One-time Recurring

\$10 \$25 \$50 \$100 \$250 \$500 Other: _____

Monthly Quarterly Annually

Yes, I would like to sponsor a Haitian Support Ministries child.

\$30/mo. \$360/yr.

3 PAYMENT

Check (Payable to: Haitian Support Ministries)

MasterCard VISA Discover

Card #: _____ Exp: _____

Name on Card: _____ CVC: _____

Signature: _____

Send checks to: Haitian Support Ministries

P.O. Box 97, Rolling Prairie, IN 46371

OR visit www.haitiansupportministries.org to donate now.

OVER 

HAITIAN SUPPORT MINISTRIES

P.O. Box 97, Rolling Prairie, IN 46371
(219) 552-1804

Email: info@haitiansupportministries.org