

Count me in as a member of your support team!

Enclosed is my check or money order for \$ _____ solicited by _____

Team Member Name

for the medical evangelism outreach to _____

Outreach Country

NAME: _____

STREET ADDRESS OR PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHURCH TO RECEIVE AG WORLD MISSIONS CREDIT: _____

Please make checks/money orders payable to "HealthCare Ministries" and mail to the following address:

Contributions can also be made by Credit/Debit card online at:
<https://healthcareministries.org/outreach-contribution/>
or phoned to HealthCare Ministries at 417-866-6311.

HEALTHCARE MINISTRIES
521 W. LYNN ST.
SPRINGFIELD, MO 65802



Contributions are solicited with the understanding that HealthCare Ministries has complete discretion and control over the use of all donated funds. A tax deductible receipt will be issued by the General Council of the Assemblies of God.

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