

Count me in as a member of your support team!

Enclosed is my check or money order for \$ _____ solicited by _____
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 "CompassionLink" 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 CompassionLink at 417-866-6311.

CompassionLink
521 W. Lynn St.
Springfield, MO 65802



Contributions are solicited with the understanding that CompassionLink 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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