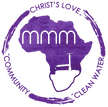
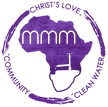
**Marion Medical Mission Donation Form**

Malawi, Tanzania, Zambia

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| **Chapter Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  # **\_\_\_\_\_\_\_** |  |
| **Date** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Amount of Donation** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Sent by** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Position in chapter** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ |  |
| **Address** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Email**  **Telephone** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

Please send your $ *donation* to: Please email a copy of this form to:

\*Indicate **DKG** on your donation.

**Marion Medical Mission** Pat Rinkenberger

**1412 Shawnee Drive** pjrinkenberger@gmail.com

**Marion, IL 62959**

Donate by March 10, 2023 to be recognized at the April Lambda State convention.

The cost of a well is $450. Once the form is received and recorded,

a certificate will be sent to chapters donating $450 or more.

If you have any questions or concerns you can reach Pat at:

708.359.1412 2945 Birch Road, Homewood, IL 60430

All contributions are greatly appreciated. Thank you for your support.

Together, we can make a difference!