



SPECIAL NEEDS INITIATIVE DONATION and/or STUDENT SPONSORSHIP FORM

Instructions: Please print this form, fill it in, and then mail it to the address provided at the bottom of the form.

Name:	
Address:	
Phone (optional):	
Email (optional):	
I would like to contribute to:	\$_____ Support for Diapers for Goretti. \$_____ Support for Ibumbida Mission's sugarcane project. (Profits from crops pay school tuition) \$_____ Support for Greatest Needs.
I would like to sponsor a:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Child in most need The child I would like to sponsor is named (optional):
I would prefer to be billed:	<input type="checkbox"/> Monthly (Electronic Funds Transfer. Please contact me for details regarding my account information.) <input type="checkbox"/> Quarterly (Send check by mail) <input type="checkbox"/> Semi-annually (Send check by mail) <input type="checkbox"/> Annually (Send check by mail)
I am enclosing a check for my first:	<input type="checkbox"/> 3 months (\$75) <input type="checkbox"/> 6 months (\$150) <input type="checkbox"/> 1 year (\$300)
Make checks payable to:	Living Waters International, Inc. P.O. Box 614, Antigo, WI, 54409