
US RESPONSE FORM

Support needed by: _____ **Missionary's First & Last Name:** _____

Name _____
Address _____
City, State, Zip _____
Phone _____

Please indicate how you feel God wants you to be involved in my ministry.

- One time gift - Amount \$ _____
- Daily prayer for you and your ministry.
- I will pray for you as the Lord leads.
- I am unable to support you at this time.

Tax-deductible checks should be made payable to **INTERNATIONAL MESSENGERS** and sent to: *International Messengers, PO Box 618, Clear Lake, IA 50428-0618*. **Please do not write** the missionary's name on the check.

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