

THE MACEDONIAN OUTREACH

"Come over to Macedonia and help us." Act 16:9

DONATION / SPONSORSHIP FORM

Macedonian Outreach Event _____

Ministry Representative _____

Donor Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip Code _____

Country _____

Phone Number: _____ eMail: _____

Church Affiliation (if any): _____

DONATION INFORMATION

Amount of Donation: \$ _____

Monthly Quarterly Annually One-Time

Purpose of Donation: Sponsorship* Goats Meals General

* If sponsoring a child: Identification Number: _____

Was this donation made by: Cash Check # _____ PayPal