

Please send the following information via email at [pattypicket@interchurch.org](mailto:pattypicket@interchurch.org) or to the address listed below

Name of Church/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From (*Name of Project Coordinator*): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This is to advise you that we have sent \_\_\_\_\_ (*number*) Kit(s) to

I.M.A. on: \_\_\_\_\_ (*Date Sent*)

with (*Name of Shipping Service*): \_\_\_\_\_

Please designate this Kit for inclusion in an I.M.A. Medicine Box® for a member program of The United Methodist Church.

***Please send this letter to:***  
*Interchurch Medical Assistance, Inc.*  
*P.O. Box 429*  
*New Windsor, MD 21776*