



We Have Supported the Medicine Box® Program

Name of Church or Group: _____

Address: _____

Name of Contact Person: _____

Phone: _____

An Advance Special Check in the amount of \$375 was sent on: _____

The "Kit" was sent to I.M.A. on: _____

Please send this form to:

UMCOR / HWM
General Board of Global Ministries
Room 330
475 Riverside Drive
New York, NY 10115
E-mail: hwmin@gbgm-umc.org