

Estimated Goal



Contact Name: Address:		
nail:		
As God p	rovides, we will giv	e the following:
Amount:	☐ Save 5,000 lives / \$50,000 ☐ Save 1,000 lives / \$10,000 ☐ Save 250 lives / \$2,500 ☐ Other:	☐ Save 500 lives / \$5,000
	lled from the following sources (includes (budget, endowment, etc)	• • • •
\$		\$
Length:		□ Other: . Gifts of \$25,000 or more may be given over 5 years.
	vable to West Ohio-INM Conference Treasurer's Office at 32 W .gn and send in you	· ·
Fax your signed	Estimated Goal form to: 614-781-	2642
Fax your signed	Estimated Goal form to: 614-781-3 OR d Estimated Goal form to: codofficed OR eted Estimated Goal form to: Council o	

100% of all funds donated will support the programs and services of Imagine No Malaria.

www.inmohio.org

All gifts are tax-deductable to the extent allowed by law.