



# Medical Aid for the Poor and Sick in Mission Lands

Dear Father,

I'd like to help provide medicines and surgical supplies for the poor, suffering sick in our Franciscan Missions.  
I enclose my donation of:

\$15       \$25       \$50       \$75       \$100       \$\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please remember my intentions in your prayers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this form and your offering to the address on the right. Thank you.

Make check payable to Franciscan Mission Associates. Please be sure to complete all information.

**Franciscan Mission Associates**  
274-280 West Lincoln Avenue  
P.O. Box 598  
Mount Vernon, NY 10551-0598