



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:

\$150 \$100 \$60 \$35 Other \$_____

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
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P.O. Box 598
Mount Vernon, NY 10551-0598