

Please print this sheet and enclose the top portion with your first donation.
Use the remaining slips to enclose with your subsequent monthly gifts.

- I am interested in:
- Volunteering
 - Fund raising
 - Construction team
 - Medical/dental team
 - VBS/crusade team
 - Other _____

Send form along with your donation to:

WWH2H
P.O. Box 372
Carson, WA 98610

<http://wwh2h.org>

Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Email: _____
Phone: _____

 **WWH2H Donor Pledge Slip**

Date: _____

Donor Name: _____

Enclosed is my monthly pledge in support of WWH2H ministries.

Amount: \$ _____

Sponsor Child or Program: _____

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