

DONATION COUPON

Complete and send with your check:

Congregation/group _____

Contact person _____

Address _____

City/State/Zip _____

Phone No. _____

Indicate the amounts you wish to designate:

Processing/shipping \$ _____

"CWS" Kit Purchase \$ _____

Total \$ _____

Make checks payable to Church World Service and send to:
Church World Service
28606 Phillips Street
P.O. Box 968
Elkhart, IN 46515

KIT COUPON

Complete and include with your shipment of Kits:

Congregation/group _____

Contact person _____

Address _____

City/State/Zip _____

Phone No. _____

Number of:
Hygiene Kits _____ School Kits _____

Kits should be sent to:
Church World Service
Brethren Service Center Annex
601 Main Street, P.O. Box 188
New Windsor, MD 21776-0188

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