



Support Alaska Medical Missions

Name: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

I would like to:

- Become a prayer partner with AMM
- Volunteer in some way with AMM in Anchorage
- Find out more about taking medical supplies with me to those in need around the world

I would like to be a part of AMM and make a monthly commitment of:

- \$50 AMM Partner
- \$100 AMM Ambassador
- \$250 AMM Champion
- Other: \$ _____
- One-time gift of: \$ _____

I would like to use the following to make my donation:

- Check
- Visa
- MasterCard
- Discover
- Check *(please make checks payable to Alaska Medical Missions)*

CC#: _____
Exp. Date: _____ Zip Code: _____
Signature: _____

I have another idea of how I can help Alaska Medical Missions: _____
