

DONATE BY MAIL: *Print, complete and mail the form below with a check written to Hines Ugandan Ministries to P.O. Box 620727, Littleton, CO 80162*

Hines Ugandan Ministries Gift Coupon

Date _____

I would like to support Hines Ugandan Ministries and commit to the following opportunity(ies). Please accept my special gift of

\$_____ one-time ___ monthly ___ Quarterly ___ Annual gift for:

Ministry Funds are distributed to all the ministry's programs and cover basic home and field administrative costs and national field employee salaries. It is our desire to do all things to the glory of God and we strive to demonstrate honorable stewardship with all the generous gifts we receive.

Sponsorship of _____
(name)

New Sponsorship (Specify preferred age range and gender if you have one)

Programs: Orphanage Genesis Primary School AWANA Club
Medical Clinic Women's Ministry

Capital Needs/Projects _____

Christmas: To any child as needed

Or to my sponsored child _____
(name)

Short-term Missions _____
(team or individual name)

Name _____ Telephone _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____