

Alice Visionary Foundation Project

Send completed form and check to: AVFP, P.O. Box 476, Delaware Water Gap, PA 18327

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home/cell/business (please circle one) _____

E-mail: _____

Enclosed is a check for: ___ \$25 ___ \$50 ___ \$100 ___ \$250 ___ Other \$_____

Please make checks payable to: "AVFP" or "Alice Visionary Foundation Project"

I would like to make a monthly gift of \$_____ per month

I would like to direct my support to the following area:

_____ Greatest Need

_____ Orphan and Vulnerable Children Education

_____ Women and Girls Empowerment Programs

_____ Other (please specify): _____

_____ I would like to pray for your ministry and receive updates from AVFP.

AVFP is a 501(c) (3) nonprofit organization and all donations are tax deductible to the fullest extent allowed by law.

Thank you!