

MISSION TRIP DONATION CARD

I would like to make a financ	ial donation in suppo	ort of (recipien	t)
	my giving, be a part		
My Name:			
Address:			
City:	State:	Zip:	
	ecks payable to Expa 5400 W Franklin Boise, ID 8 do NOT include the 1	Rd. Suite J. 3705	ional and mail to: me on the check. Thank you!
	Expansion Internation ates, photos, voluntee	•	email newsletter list to receive es and more.
Fmail Address:			