

WOMEN OF VISION Partnership Invitation

National Office: P.O. Box 9716, Federal Way, WA 98063

Toll Free Number 1-877-968-4968



World Vision
Women of Vision

WOMEN OF VISION is a volunteer program ministering to the lives of impoverished women and children. By developing this relevant program in the United States and around the world, we can encourage, challenge, motivate, and transform one another as we build relationships.

CHAPTER NAME: _____

Name: (to appear in WOV directory) _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Annual Partnership of \$50 (October 1 to September 30). Of this, over half will go directly to the local chapter; the other portion will provide national program support. This is tax deductible.

I would also like to give a gift! **Gift Amount \$** _____ **Total Amount \$** _____

I do not wish to be a partner, but I would like to donate \$ _____ to WOMEN OF VISION-sponsored projects

Check enclosed. (Please make check payable to: WOMEN OF VISION/WORLD VISION)

Credit Card: Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date: _____

Print name as on card: _____ Signature: _____

RETURN ALL COPIES WITH YOUR PAYMENT