



Please check the appropriate box:

I would like to be a Miracle Light and support Miracle Place monthly. Enclosed is my initial donation of \$10.00

I would like to receive a reminder each month to send my donation.

I would like to be a Miracle Light and enclose \$120.00 for the year.

I am unable to donate at this time, but will keep the ministry of Miracle Place in my prayers.

Name: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Phone: _____ Email Address: _____

Signature: _____

Mail to:

Sister Rita Ann Wade
Sister Barbara McClelland
Miracle Place
5437 Fallwood Drive #110
Indianapolis, IN 46220