



I'M READY TO STEP OUT AND MAKE A DIFFERENCE!

- ☐ I will pray regularly for Hamilton Living Water Ministry.
- ☐ I will make a one-time contribution of \$_____ to HLWM.
- ☐ I will make a monthly contribution of \$_____ to HLWM.
- ☐ I am interested in volunteering with HLWM and would like someone to contact me.
- ☐ I would like to receive HLWM's e-newsletter.

Name:_____ Phone:_____

Address/City/St/Zip:_____

Email:_____

Please return this form along with your check made payable to Hamilton Living Water Ministry to:

Hamilton Living Water Ministry

734 Sycamore St.

Hamilton, OH 45011

If you have questions regarding this form or your donation in general, please contact our office at (513) 894-9892.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.