

Donation Form: Benji & Carrie – Medical Missions Trip

Please fill out this form if you are sending a check by mail or if you are praying for us.

Check Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Prayer Information:

_____ General Intercessory prayer for their work and the work of Challenge Ministries.

_____ Detailed Intercessory prayer with monthly updates.

Thank you for supporting us and taking the time to fill out this form.

Mail this form to:

Benji & Carrie
3474 Savannah Ave
White Bear Lake, MN 55110