



Yes, I would like to help the children of HOINA:

My Name _____
Address _____
City _____ State _____ Zip _____
Country _____ Phone _____

Enclosed is my one time gift of:
 \$25 \$50 Other

Please use it:
 Where needed most
 For medical work
 For building fund

Enclosed is my first monthly gift of \$30 to sponsor a child.
 I would like to sponsor _____.
 Please choose a child for me.

Return form with check or money order payable to:

HOINA
Post Office Box 636
Brownstown, PA 17508-0636
717-355-9494