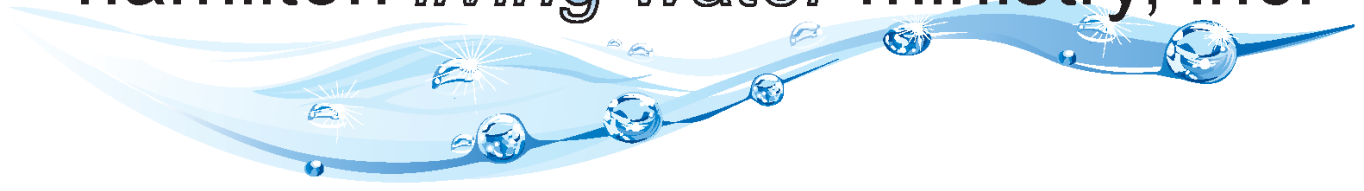


hamilton *living water* ministry, inc.



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

___ I will pray regularly for Hamilton Living Water Ministry, Inc.

___ 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, Inc. to:

Hamilton Living Water Ministry, Inc.
510 South Eighth St
Hamilton, OH 45011

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