



CROSSROADS COMMUNITY CATHEDRAL

1492 Silver Lane
East Hartford, CT 06118

Terry Wiles - Bishop
Senior Pastor

Phone: (860) 895-1231
www.crossroadscommunitycathedral.com

Date:

Dear

Crossroads Outreach Medical Missions International is a non-denominational Christian organization affiliated with Crossroads Community Cathedral in East Hartford, Connecticut. We are a volunteer organization focused on providing free medical care to the poor and needy overseas. This year, we will return to _____ for our annual medical mission trip, and will be providing disease management, spiritual counselling, health education, gifts and services, to people who otherwise have no access to healthcare.

Each volunteer will finance their individual trip at a cost of \$ _____.
_____ is one of our members and has identified you as someone who may sponsor the trip. Your tax deductible donation will make it possible for _____ to participate in the mission, thus allowing her/him to provide needed help to a community faced with abject poverty and lack of access to health care.

If you decide to make a charitable contribution, please make your check payable to Crossroads Community Cathedral or CCC and designate COMM International or Medical Missions in the memo section. Give the check to the volunteer or mail it to the above address, and it will be processed by the organization.

Together in His service,

Faustinus C. Onyirimba, MD
President of COMM International

If you wish to receive a tax deductible contribution statement for your donation, please initial BOTH statements and fill in the portion below. If you don't wish to receive a contribution statement for tax purposes, you don't need to complete this form:

_____ I understand that I may indicate a specific person that I would prefer to receive the benefit of my contribution **but** grant Crossroads Outreach Medical Missions International complete discretion and control over the use of my donated funds to best benefit the Missions Teams.

_____ I understand that my contribution is non-refundable.

The person I would prefer to support is: _____

He/She plans to go on a Missions trip to: _____

The amount of my donation is \$_____. Check #_____

Signature _____

Date _____

Your mailing address:

Name (please print legibly) _____

Street Address _____

City, State & Zip _____