

# Outreach to Africa Partnership Form

Begin your partnership with Outreach to Africa by completing and mailing it to the address below. More information will be mailed to you.

- \_\_\_\_\_ Sponsor a boy/girl
- \_\_\_\_\_ Elementary/High School/University
- \_\_\_\_\_ Vocational Training/Schools
- \_\_\_\_\_ Medical Clinics
- \_\_\_\_\_ Micro Enterprise
- \_\_\_\_\_ Pygmy Project, Congo
- \_\_\_\_\_ Victims of Rape, Congo
- \_\_\_\_\_ Volunteer Work/Prayer Partner
- \_\_\_\_\_ One Time Donation of \$ \_\_\_\_\_ (fill in amount)

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Make checks payable to:**  
**Outreach To Africa**  
**P.O. Box 14486**  
**Irvine, CA 92623**

(Donations are tax deductible)