



BAYSIDE MEDICAL MISSIONS

A 501 (c) (3) non-profit organization providing corrective surgeries in Ecuador.

Name: _____

Address: _____

Phone No. _____

Email: _____

Gift Amount: \$ _____

A tax-deductible receipt will be mailed to above address.

Please make check payable to:

Bayside Medical Missions

Mail to: Flor Fellers, Secretary/Treasurer

Post Office Drawer 949

Fairhope, AL 36533 USA

Gifts may be designated and given to honor an individual or entity.

Designated gifts are appropriate for most occasions, such as Christmas, A Memorial, birthday, anniversary and any special occasion or celebration or in lieu of flowers.

A Certificate of Gift will be mailed to honoree indicating you as the giver.

Please provide complete information as follows:

Name of Honoree: _____

Address: _____

Additional information: _____

Thank you for your generous giving!