

STUDENT's NAME ~ Summer 2011

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

\_\_\_\_\_ I will pray for STUDENT's NAME

\_\_\_\_\_ I will financially support STUDENT's NAME this summer



*Checks payable to Child Evangelism Fellowship  
Send to 201 S Stoughton Rd, Madison, WI 53714  
All donations to CEF are tax deductible and a receipt will be issued.*