



Please check the appropriate box:

I would like to be a Miracle Light and support Miracle Place monthly. Enclosed is my initial donation of \$10.00

I would like to receive a reminder each month to send my donation.

I would like to be a Miracle Light and enclose \$120.00 for the year.

I am unable to donate at this time, but will keep the ministry of Miracle Place in my prayers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to:

Sister Barbara McClelland  
Miracle Place  
940 N. Temple Ave.,  
Indianapolis IN 46201