



Please make your check or money order payable to **BLW** and send it to:

Bethlehem Living Water
PO Box 706
Springboro OH 45066

Donor Form

Date: ____/____/____

Amount: \$ _____

One Time Offering

Monthly

Check/Money Order Enclosed

Credit Card

Name: _____

Street: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____

Email: _____

Card Holder Name: _____

Credit Card Number: _____

CCV: _____ Expiration Date : ____/____/____

Visa

Mastercard

Discover

American Express

Signature: _____

Thank you for being a partner to the work in India!

donations@bethlehemlivingwater.com
www.BethlehemLivingWater.com
1.513.335.4474