



Fundraiser: Melissa Kohonick

Campaign: Gambia OCC Team Jun/19 - MKohonick

<https://sponsorme.samaritanspurse.ca/GambiaOCCTeamJun19MKohonick>

Fundraising Goal: ¥3,700.00

Duration: 12 Oct 2018 to 06 Jun 2019

About this campaign:

My passion is to help and serve others! I'm addicted to giving as it brings me joy when others become overwhelmed with happiness when receiving a gift. I am inviting you to give and have an opportunity to feel that same joy!

The past 6 yrs I have been involved with Samaritan's Purse and the Operation Christmas Child Shoebox program. I have witnessed first hand the impact a simple gift makes in a child's life, as well as, their families, and communities. These gifts are not just a 'one time' material gift. These gifts do provide a now material need most often, furthermore, provide and uplift spirits, fuel hope, open doors for opportunities such as attend school with the school supplies they have received, or follow a passion/dream. I have learned that these gifts have also greatly impacted my life in so many wonderful ways!

Thank you for helping me help others and follow my passion!

I look forward to sharing many exciting stories, experiences and pictures with you when I return!

I am raising money for

Gambia OCC Team Jun/19

FUNDRAISER: Melissa Kohonick

CAMPAIGN NAME: Gambia OCC Team Jun/19 - MKohonick

PROJECT NAME: Gambia OCC Team Jun/19

SOURCE CODE: ST196AMK10

PROJECT CODE: 082168

To donate to this campaign, please fill out this form, detach and mail to us at the address below. Thank you for your support!

20 Hopewell Way NE
Calgary, AB T3J 5H5

1.800.663.6500
SamaritansPurse.ca

NAME _____

STREET

CITY

PROVINCE

POSTAL CODE

()

PHONE NUMBER

EMAIL PROVIDE YOUR EMAIL ADDRESS TO RECEIVE SAMARITAN'S PURSE UPDATES.
(YOU CAN WITHDRAW YOUR CONSENT AT ANY TIME)

PAYMENT MEATHOD: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ PERSONAL CHEQUE (MAKE PAYABLE TO SAMARITAN'S PURSE CANADA)

TOTAL	\$
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Note for donors residing outside of Canada: We are unfortunately not able to issue tax-deductible receipts

NAME ON CARD _____

SIGNATURE

CREDIT CARD NUMBER

EXPIRY