

Join the Fellowship of 1000

Name

Address

Email

Phone

**I am contributing \$200 to the
Fellowship of 1000 for (select one):**

___ 1 Year ___ 2 Years ___ 3+ Years

Designate my donation to:

_____ Vocational Project

_____ General Need

**I give permission for my name to be listed
on the Project AGAPE webpage as a
Fellowship of 1000 contributor.**

_____ YES _____ NO

Make Checks Payable to:

Project AGAPE

Mail to:

Project AGAPE, INC.

PO Box 25453

Winston-Salem, NC 27114

