

**WE KNOW NOW
DO YOU CARE?**

The humanitarian crisis in
Gaza, Palestine continues
to steal the lives of children
and innocent civilians.

YOU NOW KNOW DO YOU CARE ENOUGH TO ACT?

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I pledge (CHECK ONE): \$100 _____ \$500 _____ \$1,000 _____ \$2000 _____ other \$ _____

My pledge is (CHECK ONE): one time only _____ or monthly for _____ months

You may charge my pledge

1. from my bank account:
Bank Name: _____ Routing # _____

2. from my credit card:

Card Type:    

Card Number: _____ Exp. Date: ____/____/____

Signature: _____

For donating by personal check or money order, please use a separate envelop mailed to the address below.

*You can also mail this pledge (the completed form) or send your pledge made payable to "MAS FREEDOM" via check or money order to:
MAS 10107 W 105th Street, Overland Park, KS 66212 Tel.: 913-888-5555 - Fax: 913-273-0898 - MAS-Tax ID: 363885457*

Personal Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Tel.: _____
Email: _____

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