

MACMED 2024

UPCOMING MEDICAL PROJECTS

ALL TYPES OF MEDICAL PROFESSIONALS ARE NEEDED - PHYSICIANS AND SURGEONS OF ALL TYPES, DENTISTS, OPTOMETRISTS, CHIROPRACTORS, ARNPS, RNS, LPNS, PTS, PHARMACISTS, MEDICAL ASSISTANTS, TRANSLATORS, AND NON-MEDICAL PEOPLE ARE NEEDED TOO. PLEASE PRAY WITH US FOR WILLING WORKERS TO GO OVER AND HELP.

SOUTH MEXICO

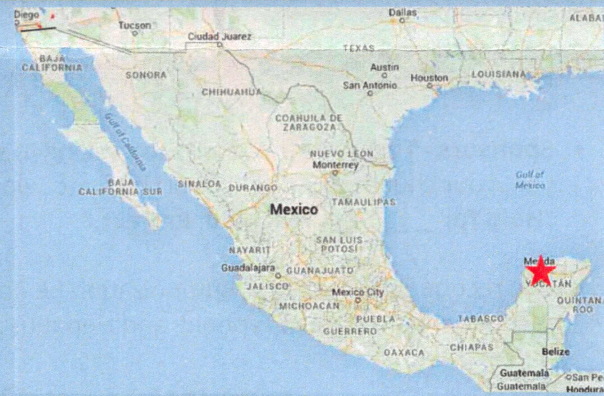
YUCATAN

WORKING WITH:
BRO. JUAN MANUEL

Send Full Amount If Possible
Or
\$700 January 15th
\$500 February 12th
\$500 March 11th

\$1700

estimated cost per person



APRIL 27- MAY 4

ROMANIA

WORKING WITH:
BRO. SAMUEL OPRISANU

Send Full Amount If Possible
Or
\$550 January 15th
\$550 February 2nd
\$550 March 1st
\$550 April 5th
\$550 May 3rd
\$500 June 7th

\$3250

estimated cost per person



JULY 5-16



HERE'S HOW TO GET STARTED ON THIS EXCITING MISSIONARY JOURNEY!

- Fill out and send in the form below, along with a color copy of your passport, and a Macedonian MS application. (Please make sure the application is notarized and your passport has been signed before you make a copy of it.)
- In order to enter any country outside of the USA, you will need a passport. If you do not have a passport, apply for one now. It can take up to 8 weeks to get a passport. We cannot purchase the airfare without a copy of your passport. Please check your passport to make sure that it does not expire within six months to your return home.
- Macedonian will need an application from you. We can mail or email an application to you, or you can go to our website at **www.macedonianms.org** – click on 'Get Involved' located on the tool bar – print out and fill in your information. Application has to be notarized and signed by you or parent/ guardian if under 18.
- See below for the Funding Schedule. If there are any questions, please do not hesitate to contact us.
- If you are under the age of 18, a parent or guardian (over the age of 21) must accompany you. There is a Minor Travel Form that will need to be filled out. Please call the office for more information.
- Make your check(s) to: Macedonian Missionary Service, earmarked "_____ **MacMed Project.**" Funds will need to be mailed to the MMS office.
- **Sponsors** - There are those who are willing to go but have some difficulty in raising the necessary funds needed for the trip. If you, your church, Sunday School class, etc., would like to provide financial help to enable someone to go, mail your check to "**Help for _____ MacMed Project.**"
- We recommend that your immunization be up to date. Check with your local Health Department or your physician. The CDC recommends: Tetanus, Typhoid, and Hepatitis A & B.

MACEDONIAN MS LOOKS FORWARD TO HEARING FROM YOU!

If you have questions, please call the office 606-677-6683
or email - kim@macedonianms.org or randikim@macedonianms.org
(Times/dates/cost are subject to change.)

MACEDONIAN SERVICE FOUNDATION INC. IS A 501(C)3 ORGANIZATION. WE ACCEPT DESIGNATED DONATIONS TO OFFSET THE EXPENSES OF A PROJECT OR A FUND WITHIN THE MINISTRY. REFUNDS ARE NOT ALLOWED DUE TO IRS RULES FOR NON PROFIT ORGANIZATIONS. YOUR TRIP DONATIONS ARE TAX DEDUCTIBLE AS ALLOWED BY LAW. IN THE EVENT OF A CANCELLATION OR IF FUNDS ARE LEFT OVER FROM A PROJECT, UPON YOUR REQUEST, DONATIONS CAN BE TRANSFERRED WITHIN THE ORGANIZATION TO OTHER PROJECTS OR A TRAVEL VOUCHER CAN BE ISSUED.



YES, I WANT TO GO TO (CHECK ALL THAT APPLY)

MEXICO
 ROMANIA

I would like to fly out of one of the following airports: 1st choice _____ 2nd choice _____

PLEASE PRINT CLEARLY. Name as it appears on your passport:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth _____

Cell Phone or Daytime Phone Number: _____

E-mail Address: _____

