

## TELLHERGRAM SUBSCRIPTION FORM

Please fill out and send with your check made out to **ABW Ministries Ohio**.

**Do not** send self-addressed stamped envelopes.

Please note that the subscription year is: Fall (Oct. 1) -- Winter (Feb 1) -- Spring (May 1).

Please submit a new subscription form each summer to continue your subscription for the next year.

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

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