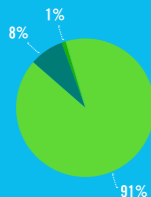




FOR EVERY \$1 YOU GIVE,
WE SPEND...

91% on charitable activities
8% on fundraising
Less than 1% on governance



Figures taken from Field's of Life's
Annual Report 2016/2017

OUR MISSION

Fields of Life is committed to sharing the Christian faith by collaborating with local communities and churches in East Africa to bring about positive change through the provision of quality education, clean water, health promotion and other community based projects.

CONTACT US

UNITED STATES

FIELDS OF LIFE USA
13203 SE 172nd Ave,
Ste 166 #702,
Happy Valley
OR 97086
Tel: 971-277-4365
EIN: 26-0612207

NORTHERN IRELAND (HEAD OFFICE)

FIELDS OF LIFE
House of Vic-Ryn,
Moirra Road, Lisburn,
Co. Antrim
BT28 2RF
Tel: +44 (0)28 38 390395
Charity No: NIC104839
Company No: NI30695

EAST AFRICA (FIELD OFFICE)

FIELDS OF LIFE UGANDA
Plot 2677 Tank Hill Road, Muyenga
P.O. Box 36388
Kampala, Uganda
Tel: +256 312 266 410 /
+256 779 092 296

Email: info@fieldsoflife.org

www.FIELDsofLIFE.org



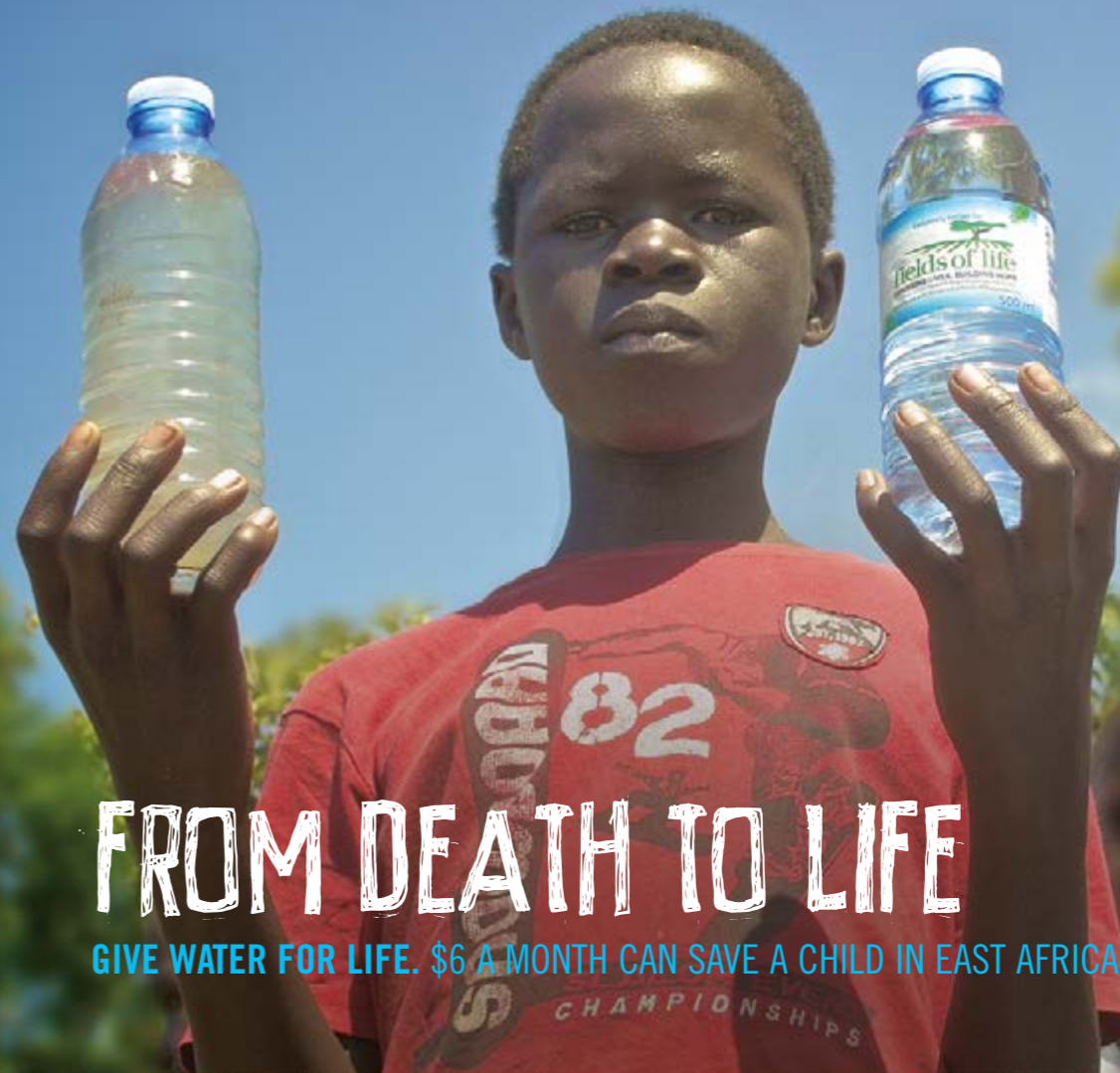
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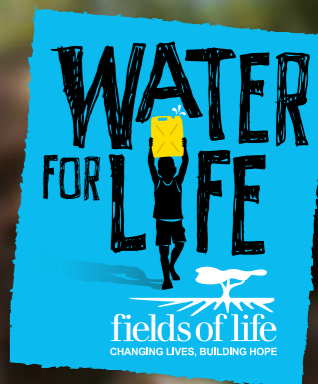


Follow us on Instagram
[@fieldsoflife1993](https://www.instagram.com/fieldsoflife1993)



FROM DEATH TO LIFE

GIVE WATER FOR LIFE. \$6 A MONTH CAN SAVE A CHILD IN EAST AFRICA



GLORIA IS ELEVEN YEARS OLD.

Every day Gloria gets up to care for her younger brother Micah and begins her grueling journey for water.

Every day Gloria walks five km/ three miles to collect water from a swamp which is used by animals and swarming with parasites and bacteria. She then begins the long journey back home carrying five gallons of filthy contaminated water.

Every day Gloria repeats the same journey four times, fetching dirty water that will make her and Micah very sick. These are valuable hours being wasted when Gloria should be attending school, receiving a quality education and realizing her potential.

GLORIA IS NOT ALONE IN THIS EXHAUSTING BATTLE.

More than 1,400 children lose their life every day from diarrhea caused by unsafe water and poor sanitation.

This is wrong.

At Fields of Life we are deeply concerned about the lack of available clean water supply in East Africa especially amongst vulnerable and marginalized groups, such as women and children.

Will you stand with us?

CLEAN WATER FOR ONE MILLION PEOPLE.

Since 2009 Fields of Life has been providing impoverished communities with clean water using our own equipment. Our dedicated and committed teams work tirelessly drilling 10 – 12 wells each month to provide this life changing gift.

It is our goal to bring safe clean water to over one million people by 2020. **Will you join us?**

CLEAN WATER CHANGES EVERYTHING.

By providing a child like Gloria with access to a safe water supply we can:

- Reduce the number of water related illnesses and deaths;
- Enable children, especially young girls, to regularly attend school and in some instances go to school for the first time;
- Reduce the incidence of attack when young girls have no choice but to walk long distances to fetch water.

A gift of only \$6 a month can provide clean water for one child.

GIVE WATER FOR LIFE



\$6 A MONTH WILL SAVE A CHILD LIKE GLORIA.

CREDIT CARD AUTHORIZATION - PLEASE PRINT CLEARLY

You authorize regularly scheduled charges to your Debit/Credit Card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Debit/Credit Card. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ (PRINT NAME)

authorize Fields of Life USA (EIN 26-0612207) to charge my Debit/Credit Card below for (check one):

\$6 \$12 \$18 \$24 Other \$ _____

beginning on the 1st day of every month, effective immediately.

Contact Details (PLEASE PRINT)

Name: _____
Billing Address: _____
City/State/Zip: _____
Phone: _____
Mobile: _____
Email: _____

Debit/Credit Card Information: Debit VISA MasterCard

Name on Card: _____

Credit Card #: _____

Expiration Date: ____/____/____ Security Code (CVV) : _____

Signature: _____ Date: _____

Updates: We would love to keep you informed about Fields of Life. We always keep your details safe and will not share or sell them with any other organizations. Please send me updates about Fields of Life by:

Email Mail

Please check if you wish to be contacted by:

Mail Phone Mobile/Text Email

You may change your preferences at any time by contacting our office.

**Please return your completed WATER FOR LIFE form to:
Fields of Life USA 13203 SE 172nd Ave, Ste 166-702 | Happy Valley, OR 97086**

BANK ACH PAYMENT AUTHORIZATION – PLEASE PRINT CLEARLY

You authorize regularly scheduled charges to your Bank (ACH) Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Bank Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ (PRINT NAME)

authorize Fields of Life USA (EIN 26-0612207) to charge my Debit/Credit Card below for (check one):

\$6 \$12 \$18 \$24 Other \$ _____

beginning on the 1st day of every month, effective immediately.

Name: _____
Billing Address: _____
City/State/Zip: _____
Phone: _____
Mobile: _____
Email: _____

Bank (ACH) Information: Checking Savings

Name on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of all changes in my account information to termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$10 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this debit/credit card account or bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____