

August, 2007

Dear Friends,

Our family has decided to volunteer in Eastern Africa for 11 months with the organization African Community Technical Services (ACTS). This volunteer work will involve investigating, planning, designing, and assisting with the construction of rural water supply projects in Uganda, Tanzania, and Rwanda. We may also be involved in other ACTS initiatives such as community development, health education, micro credit and loan schemes, business development services and environmental conservation. Our volunteering will begin with an orientation starting September 21, 2007 and we will fly to Uganda on September 27, 2007.

We would be honoured to have you work alongside us, through financial support, to assist these people. This is a volunteer position and we are responsible for raising all of our funds. Our budget for this 11 month period is \$34,600. If you are interested in partnering with us in this work, we would be delighted to receive whatever assistance you can offer (tax deductible receipts available).

If you would like more information please contact us at:

Email: jandthoward@gmail.com

Phone: 250 479 0404

Mail: 1289 Glyn Road, Victoria, BC, V8Z 3A5

If you would like to support us financially, please send in the attached form to: ACTS, PO Box 1515, Comox, BC, V9M 8A2

Thank you for your support!

Jeff, Tara, Payton, Sam and Finley Howard



Yes! I/we would like to partner with the Howards as they assist others in Uganda.

By a **monthly** donation of \$ _____

By my 11 post-dated cheques (enclosed) made out to “ACTS”, or,

By credit card (please fill out details below)

-----Or-----

By a **one-time** donation of \$ _____

By cheque made out to “ACTS”, or,

By credit card (please fill in details below)

Name: _____

Mailing address: _____

_____ Email address: _____

Telephone: _____ I would like to be receipted annually: **Yes** **No**

Credit Card Information:

Type of card: (only Visa or Mastercard, please) Visa Mastercard

Name as it appears on the card: _____

Card #: _____ Expiry date: _____

Date to begin donations (for monthly giving): _____

Thank you for your support. Please return to the ACTS office:

ACTS
PO Box 1515
Comox, BC V9M 8A2