



**The United Church of Christ
and
InterChurch Medical Assistance, Inc.**



**UCC Medicine Box Program for Treatment and
Control of Lymphatic Filariasis in Haiti**

To participate in this ecumenical mission opportunity of providing medical aid to clinics in Haiti that provide treatment services for elephantiasis patients and participate in control activities for lymphatic filariasis, please follow these guidelines:

1. Assemble one or more **complete** kits containing all required products, in quantities listed below.
2. All items must be new and unopened.
3. **No substitution of products is acceptable.**
4. Pack products carefully in a carton for shipment by UPS or USPS. Ship the UCC Medicine Box items to **UCC/I.M.A. Medicine Box Program**, c/o Brethren ServiceCenter Annex, 601 Main Street, New Windsor, MD 21776.
5. Prepare a check (**\$100 per kit**) payable to **I.M.A.** These funds will support the distribution of additional donated drugs to control lymphatic filariasis and provide clinical services and self-care educational activities for elephantiasis patients.
6. Complete the form at the bottom of this page and mail it with the check to Interchurch Medical Assistance, Inc., ATTN: UCC/I.M.A. Medicine Box Program, P.O. Box 429, New Windsor, MD 21776-0429. Phone: 410-635-8720 (When I.M.A. has received and processed the box at the warehouse, a receipt acknowledgment will be issued to the donor.)

Items to be Collected for the UCC Medicine Box

2 boxes of 50 non-sterile gauze pads (4"x4")	3 bars Dial Gold soap
2 boxes of 25 sterile gauze pads (4"x4")	1 box of 300 cotton swabs
1 bag of 200 cotton balls (100% cotton)	1 each hand towel and bath towel
1 11-oz. bottle Vaseline Intensive Care lotion for dry skin	

===== PLEASE TEAR OFF FORM AND RETURN TO I.M.A. =====



**UCC/I.M.A. Medicine Box Program
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Name of Congregation _____

Contact Person _____ Phone Number _____

Address of Congregation _____

Number of Kits Sent _____ Date Kit(s) Sent _____ Shipping Service (UPS, USPS) _____

Amount of Check Enclosed \$ _____ @ \$100 per Kit – make payable to I.M.A.