

Saving Grace Church

Short-Term Missionary Request or Funds

Name _____ DOB _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

City and Country of destination _____ Departure Date _____

Total funding needed _____

Amount of funding already acquired from other sources _____

Payment information:

Check made payable to _____

Check Memo or special instructions _____

Name to send check to _____

Address to send check to _____

Your Missions Organization:

Name _____ Website _____

Address _____ City _____ state _____ Zip _____

Phone _____ Email _____

How did you become connected to this organization?

What has led you to believe this is something God is calling you to do?

What is the purpose of this trip?

Are you a follower of Christ?

If so, when did you accept Jesus as your Savior?

Describe your growth in Christ and what He means to you?

This information is accurate to the best of my knowledge

Sign _____ Date _____

Office use:

Approval date:	Approval amount:	Approval initials:
Approval date:	Approval amount:	Approval initials: