



Saint James United Methodist Church
9045 Vaughn Road, Montgomery, AL 36117
334-277-3037 www.sjlife.com

Application for Mission Support

Group Name: _____

Primary Contact Person: _____

Primary Phone: _____

Primary Email: _____

Website: _____

Mission Description: _____

Current Relationship with St James UMC: _____

Project Location: _____

Budget Request: _____

Check Made Payable To: _____

How will you involve St James congregation in mission work connected to this request: _____

Please report the conclusion of the mission project back to the Mission Team to share with the congregation.
