

MISSION APPLICATION

DATE:

MEMBER OF CONGREGATION:

NAME OF ORGANIZATION:

Address:

Telephone:

Fax:

Email:

Contact:

DESCRIPTION OF ORGANIZATION

(Brochures, Newsletters, Mission Statement, Financials, 501C3 Status, Etc.)

DESCRIPTION OF REQUEST

Explanation

(Please include expected benefit of request to your organization)

Timeframe to complete request

Cost Associated with request

Relationship/Involvement of Member to Organization

SIGNATURE OF MEMBER

DATE