

Trinity Baptist Church

Request For Missions Support

Name: Project or Organization: _____

Person (s) requesting support: _____ Address: _____ Phone: _____

Status: circle one Profit or Non-Profit Tax Exempt # _____

Describe Purpose or Mission: (may attach a brief narrative) _____

Affiliations: (circle one or notate): Baptist, University, State organization, SBC, CBF other _____

Financial Support is needed for: individuals construction transportation literature supplies or _____

Total Cost Requested: \$ _____ 2nd year \$ _____ One time only? Yes or No

Anticipated future support or cost: _____

Sources of Continuing Support: Local: _____ Outside: _____ Special: _____

Dates: Submitted: _____ Needed By: _____

Trinity Members Involved? Yes, how many? _____ No?

Growth and Development Opportunities: _____

Describe ways Christ will be presented: _____

Other Information: _____