

OUR REF: _____

MISSION FUND

APPEAL FOR FUNDS
(Please write in block letters)



NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

CONGREGATION _____

BRIEF DESCRIPTION OF WORK: (With special reference to work with the poor)

(Additional information may be given on a separate sheet attached to this application form)

CURRENCY OF PAYMENT PREFERRED _____
(US Dollars, Sterling etc....)

The undersigned binds himself/herself to acknowledge receipt of the funds received from Mission Fund.

(NB. The above declaration is required to enable the Fund to prove the authenticity of the donations made for audit purposes.)

SIGNATURE

DATE