



CHRIST CHURCH

Missional Financial Assistance Missionary Fund

339 Frank Scott Parkway East
Fairview Heights, IL
618-277-4659

Name:	_____	Date:	_____	
Address:	_____			
Phone #:	_____	Email:	_____	
Location of Mission Project:	_____			
Dates of Mission Project:	_____			
Method of Travel:	<input type="checkbox"/> CAR	<input type="checkbox"/> PLANE	<input type="checkbox"/> BUS	<input type="checkbox"/> OTHER: _____
Estimated Cost of Mission Project:	_____			

Tell us briefly about your mission trip or ministry and how it would help you connect people with Jesus Christ:

Signature: _____

I understand that any assistance the Church can provide will be in addition to the funds I have available for this mission. If the Church is unable to provide assistance I will, with God's help, attempt to complete my commitment to this mission by exploring other means of assistance.

OFFICE USE	Date Received: _____	Amount Paid: _____
Sponsor's Name: _____	Account #: _____	
Approved by: _____	Date Approved: _____	
Comments: _____		