



Centerpoint Church Application for SHORT TERM MISSION TRIP SUPPORT

The Carolyn Harris Memorial Sending Fund

Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
		Phone	<input type="text"/>

<p>Name & Address of Sponsoring Organization</p> <p>_____</p> <p>_____</p> <p>Dates of Service _____</p> <p>Location _____</p> <p>Describe the purpose of the trip and your expectations</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name & address where funding should be sent:</p> <p>_____</p>	<p>TRIP FINANCING</p> <p>Cost of Trip:</p> <p>_____</p> <p>Amount Raised:</p> <p>_____</p> <p>Amount you plan to contribute to your own support:</p> <p>_____</p> <p>Amount Requested:</p> <p>_____</p>
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Centerpoint Church Affiliation:

- Member of Centerpoint
 Associated with a Centerpoint supported organization
 No affiliation with Centerpoint
 Please specify: _____
- Regular Attender of Centerpoint

Do you give regularly to the Carolyn Harris Sending Fund? Yes No

Have you previously received funding from the Carolyn Harris Sending Fund? Yes No

If so, when? _____

Signature: _____ **Date:** _____

Please return completed application to the Missions Ministry of Centerpoint Church
 2345 North 10th Street, Kalamazoo, MI 49009 | 269-375-4815

 <p>OFFICE USE ONLY</p>	Date application received _____	Support Approved _____
	Date approved _____	Notification date _____
	Date of check requisition _____	