



HARVEST POINTE

FELLOWSHIP

P.O. BOX 1756 • Evans, GA 30809 • 706-755-7675

REQUEST FOR FINANCIAL SUPPORT FOR A SHORT TERM MISSION TRIP

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Home/Cell Phone: _____ Email: _____

US Passport Number: _____ Date of Expiration: _____

Give a brief testimony of how God is leading you to go on this mission trip: _____

DESCRIPTION OF THE MISSION TRIP

Dates/Location of Proposed Mission Trip: _____

Description of the Proposed Mission Trip: _____

Cost of Mission Trip: _____ Amount Requested: (up to 50%) _____

Support should be payable to: (Mission Organization) _____

Address where support should be sent: _____

Memo or special designation: _____

Date funds are needed: _____

Signed: _____ Date: _____

OFFICE USE ONLY

Approved Denied Pastor/Elder Signature: _____

Check dispersed: # _____ Amount: _____ Date _____