

Midland FUMC Request for Support from Missions Work Area

Your Information:

Name(s): _____

Address: _____

Phone Number: _____ E-mail: _____

Trip Information:

Type of Mission Trip: ___ VIM ___ NOMADS ___ Other

If Other, please specify: _____

Trip Leaders: _____ Dates: _____

Organization's Address & Phone Number: _____

Account Number for Funds (if provided): _____

Estimated Cost: Travel: _____ Room & Board: _____ Materials _____.

Specific request for support* (amount and to which expense it will be applied):_

*Note - some support for materials is typical depending on our budget

Description of Trip:

Please provide a brief description of the mission trip (e.g., location, purpose, history, etc.) and your interest. You may attach additional information.
