Reset Form

Request for Light for the Lost Assistance

Submit

Assemblies of God U.S. Missions

PART I: Applicant Data

Name: Date:

Department: Address:

City: State: Zip Code:

Phone Number: Fax Number:

PART II: Projected Use of Funds (Be Specific)

Quantity:	Description of Resources:	Amount:	Date Needed by:
Grand Total of Application			

PART III: District Appeals

Credentialed District (Working):

Home District (Sending):

Possible Partnering Districts:

PART IV: Approvals

AGUSM National Department Director: Date:

LFTL/AGUSM Steering Committee: Date:

PART V: District Pledges

District: Director: Date: Amount Pledged:

District: Director: Date: Amount Pledged:

District: Director: Date: Amount Pledged:

District: Director: Date: Amount Pledged:

Assemblies of God U.S. Missions

Administrator's Office

1445 N Boonville • Springfield, Missouri 65802 • (P) 417.862.2781 • (F) 417.863.7276

Note: If you are completing this on a MAC, please click the button to save. Save it to your desktop. Attach form to an email and send to usmissions@ag.org.

Save to Desktop

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