

Carpenter Street Baptist Church
Missions Partnership Request Form

Date of Request _____ Date of need _____

Requesting Organization/Individual _____

Complete Address _____

Phone _____ Email _____

Name of organization/person/activity to be supported _____

Address/Location _____

Contact Name _____ Phone _____

Amount requested/needed _____ one time _____ monthly _____ annually

Describe nature of the need (the more specific the better) _____

How might the church be involved?

Is this project NAMB, IMB or State Convention recognized/supported? ___yes ___no ___unknown