

Lexington First United Methodist Church Mission Funding

Name of Mission Group or Individual _____

Contact Information of Individual Filling out this Form

Name _____

Address _____

Telephone _____

Email _____

Website _____

Make Checks Payable to whom? _____

What is the ministry's purpose/mission?

What are the ministry's core values?

Describe how you plan to meet your purpose/mission.

How do you support local leadership among those you serve?

What kind of support does the ministry need? (check all that apply)

financial

prayer

encouragement

short term mission teams (describe how this would be helpful)

ongoing volunteer (describe type of volunteer work)

collaborate on a specific project (describe project and form of collaboration)

donations of specific items _____

other _____

Amount of financial support requested:

Date(s) when funds are needed:

How will the funds be used?

What other organizations are involved?

Signature: _____

Date signed: _____

- 1. Please attach a current budget for the project for which you are requesting support.**
- 2. If you have previously received funds from First UMC please attach a report on how the funds have been used to fulfill your mission.**
- 3. Return form**
 - a. Via email to chad@1stumc.org**
 - b. Via mail to Chad M. Foster
First UMC
200 W. High St.
Lexington, KY 40507**