



Assemblies of God US Missions Request for Light for the Lost Assistance



Part I: Applicant Data

Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

US Missions Department _____

Part II: Projected Use of Funds

<i>Quantity</i>	<i>Description of Resources</i>	<i>Amount</i>	<i>Date Needed By</i>
Grand Total of Application			

Part III: District Appeals

Credentialed District (Working): _____

Home District (Sending): _____

Possible Partnering Districts: _____

Part IV: Approval

AGUSM National Department Director: _____ Date: _____

LFTL/AGUSM Steering Committee: _____ Date: _____

Part V: District Pledges

District: _____ Director: _____ Date: _____ Amount: _____

District: _____ Director: _____ Date: _____ Amount: _____

District: _____ Director: _____ Date: _____ Amount: _____

District: _____ Director: _____ Date: _____ Amount: _____

District: _____ Director: _____ Date: _____ Amount: _____

Please send completed forms to:
 Assemblies of God US Missions Finance
 1445 Boonville Ave. • Springfield, MO 65802
 usmissions.ag.org • lftl.ag.org
 417-862-2781 Fax: 417-873-9734