

Assemblies of God U.S. Missions
**BOYS AND GIRLS MISSIONARY
CHALLENGE (BGMC)
REQUEST FOR RELEASE OF FUNDS**

DATE OF REQUEST _____ \$ _____
AMOUNT REQUESTED

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGUSM DEPARTMENT _____

DESCRIPTION OF PROPOSED EXPENDITURES:

MAIL THIS FORM TO:

*U.S. Missions, 1445 Boonville Avenue, Springfield, MO 65802
Phone (417) 862-2781*

FOR OFFICE USE ONLY

APPROVED BY:

Department Director

Date

[Type text]

