

Evangelism Funds - Request Form

Evangelism & Missions Initiative Team



Please complete all questions

If Approved - Specify Where to Send the Check

Pastor Name: _____ Phone _____

Send check to:
Church: _____

Send check to:
Association: _____

| | | | | | |
|---|-----------|----------|---|-----------|----------|
| New Church Start (5 years or younger) | Yes _____ | No _____ | Existing Church (Over 5 years) | Yes _____ | No _____ |
| Does your church give to CP? | Yes _____ | No _____ | Has your church filled out an ACP for 2017? | Yes _____ | No _____ |

Fund amount requested? \$ _____

How will the funds be used? _____

Date of event or outreach? _____

How many people are you intending to reach? _____

Do you know what "Count the cost" is? Yes _____ No _____

Have you done one? Yes _____ No _____

Are you interested in doing one? Yes _____ No _____

How is this evangelistic event helping you to achieve your "Count the cost" objectives?

Send request form to: Pete Ramirez pramirez@csbc.com And Rosalinda Mendez rmendez@csbc.com

Please allow 7 to 10 business days for approval and processing the check.