Please fill out this form completely and send to pbraman@ilcsda.org

Pastor		Date
Church		
Church Board Approval Date	Amount of Funds Requested	Total Cost of Evangelism Project
	\$	\$
Description of Evangelism Activ	vity:	
How are your Members Trained	l and Involved?	
Describe Your Discipleship Plan	for New Members?	
Do we have normission to use y	your ovangolism plans for resou	urea idaas with other pasters or
Do we have permission to use y churches? Check - YES or	NO	rce ideas with other pastors or
FOR OFFICE USE ONLY		
Date of Request:	Date & Amount Distributed:	Approved by: