



# Peace Lutheran Ministries Mission Action Team Request Form

## **Contact Information:**

Name of Mission/Mission Sponsor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

## **Request Information:**

*Amount Requested:* \$ \_\_\_\_\_

Briefly describe your event, servant event trip, etc. (e.g., what will you or your group be doing?):

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Where will your event take place? \_\_\_\_\_

What is/are the date/s of your event, trip, etc? \_\_\_\_\_

By what date will you need the requested funds? \_\_\_\_\_

How many people will be participating in the event, trip, etc? \_\_\_\_\_

How many from Peace Lutheran Church? \_\_\_\_\_

Would you or someone from your group/organization be willing to speak to the congregation,  
Mission Action Team, or Bible Study?  Yes  No

Has Peace Lutheran Ministries given to you or your group/organization in the past?  Yes  No  
If yes, how many years? \_\_\_\_\_

*Revised 12-4-23*

**Send completed form to:**  
Peace Lutheran Ministries, Attn: Mission Action Team  
300 Lincoln Street, Antigo WI 54409