

**Southern California Conference of Seventh-day Adventists
Special Evangelism Fund Request Form**

This form must be filled out in its entirety! If you are applying for the PUC Endowment fund, you cannot apply for this fund!

Evangelism Project Name: _____

Submitted by: _____ Date: _____

Church/School Name

Address: _____

Phone: _____

Pastor/Principal: _____ Cell #: _____

E-mail: _____

1) Evangelism Project Objective: _____

2) What is the Evangelistic Plan: (**PLEASE INCLUDE DATES**) _____

Evangelistic Budget Information

Please Itemize

1. _____ Cost: \$ _____

2. _____ Cost: \$ _____

- 3. _____ Cost: \$ _____
- 4. _____ Cost: \$ _____
- 5. _____ Cost: \$ _____
- 6. _____ Cost: \$ _____

TOTAL ESTIMATED EXPENSE: \$ _____

AVAILABLE INCOME:

- Local Church/School \$ _____
- Local Conference (does not apply to schools) \$ _____
- Offerings \$ _____
- Other \$ _____

TOTAL AVAILABLE INCOME: \$ _____

(TOTAL EXPENSE MUST EQUAL TOTAL (INCOME))

SIGNATURE REQUIRED

Pastor/Principal _____
SIGNATURE DATE

 PRINT NAME

Church/School _____
 PRINT