



MISSION GIVING APPLICATION

GENERAL INFO:

NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

MEMBERSHIP INFORMATION:

ARE YOU A MEMBER OF JBC? YES / NO

YOUR WARD DEACONS - LIST NAME(S) HERE

DO YOU HAVE A LIMITED SOURCE OF INCOME? YES / NO

COMMENTS OR SUGGESTIONS:

Your Signature

Ward Deacons Signature

Deacon Chair Signature

Date