



Short-Term Missions Support Application

Name: _____

Address: _____

Phone # _____ Email _____

Involvement at River Shores: _____

Are you open to an in-person (Group or Individual) report after the trip is finished? Yes No

Mission Organization and Brief Description of Project: _____

Total support amount needed for the trip: \$ _____ Amount you are requesting: \$ _____

Dates of Project (Begin – End): _____

Brief personal testimony of your relationship with the Lord: _____

