

FGMB Ministry Support Application Form

Applicant Information

Applicant Name:

Organization/Ministry:

Contact Person:

Address:

City, Province, Postal Code:

Phone:

Email:

Website/Facebook/other social media (if applicable):

Name of FGMB member/attendee recommending support:

Connection to ministry:

Description of Ministry

Area/type of ministry:

Goals/Mission Statement/Purpose of ministry:

Description of financial needs:

Other needs of ministry (volunteers, prayer requests, etc.):

Ministries connection to FGMB:

Signature section:

Applicant _____ Date _____

Submit this form to: info@fgmb.ca: Attn: Missions Committee.