

SPONSORSHIP FORM

NAME OF SERVANT: _____

NAME OF SPONSOR: _____

ADDRESS: _____

PHONE: _____

AMOUNT: _____

(Make checks payable to "Mt. Olive Lutheran Church")

DEDICATION:

Please apply the amount towards the Africa Mission Trip:

_____ General Ministry Expenses

_____ Laptops

_____ Construction of Caregiver and teacher living quarters at Mission Hospital Compound

_____ Caregiver and Teacher training

_____ I will pray for you and your mission.

_____ Please add me to your mission team's email updates at this email address:

DELIVERY INSTRUCTIONS:

Your donation is tax deductible and you will receive a receipt in the mail. Please send your donation along with this Sponsor Form to:

Mt. Olive Lutheran Church
Africa Mission Trip
700 Western Street
Anoka, MN 55303

For office use only:
Ck # _____
Amt. _____