

Mission Match®

A project of empty tomb®, inc.

Congregational Application to Reserve a Matching Contribution

Note: Please be sure to apply to reserve Mission Match funds **before** beginning your fundraising for your congregation's new mission money that is to be matched

I. Please provide your church information.

A. Church Name:

B: Street Address:

C: City,St,Zip:

D: Phone Number:

E: Email

Address:

Fax

Number:

F: Denominational affiliation:

G: Leadership information

1. Name of Senior Pastor:

2. Name of Chair of either leadership board or missions committee:

Name of leader:

Title:

3. Contact Person:

Phone number of
Contact Person:

Email address of Contact Person:

II. Please provide your mission project information.

A. Location (city and state, or city and country):

B. Project Description: Please give a brief description of your mission project, including the goals that you hope to accomplish and any agency that you will be working with, or that will be distributing the money .
(Include additional information on a separate piece of paper if needed)

C. Please select one of the following options:

This is a denominational project. The denomination will spend the money.

Denomination:

Project #:

This is a congregational project. The congregation will spend the money.

Please provide a detailed list of what the funds will be used to purchase.

(Include additional information on a separate piece of paper if needed)

D. Expanding Mission Spending in your Congregation: Please provide a brief description of how you know that you will be raising "new" mission money, through designated giving by those in your congregation to support this project. How will raising this new mission money expand the congregation's spending on mission as a portion of total spending in the current year, compared to last year?

(Include additional information on a separate piece of paper if needed)

III. Indicate the amount of Matching Funds that you would like to reserve. See the [Matching \\$ Table](#) for currently available amounts.

Money to be reserved by Mission Match (subject to availability of funds):

Our congregation would like to reserve the amount of Mission Match Matching Funds indicated below. We understand that our congregation will raise at least this amount in New Mission Money in order to receive the amount of Matching Funds requested below. Note: Check only one box.

\$500

\$1,000

\$1,500

\$2,000

Special "Helping to Stop, in Jesus' Name, Global Child Deaths" Option:

\$3,000 Our mission project will help, in Jesus' name, stop child deaths as follows:

Sanitation

Health Intervention

Food Access

Other (please describe):

IV. Money our congregation will raise: We understand that, in order to receive the amount of Mission Match funds requested above, our congregation will raise at least the same amount in New Mission Money from increased designated giving by those in our congregation. That is, we will raise:

\$ (an amount at least equal to the amount of Matching Funds requested above).

V. Other Agreements. *(Please complete the following section on the hard copy with pen)*

We have read the [Applicant Section of the Guidelines](#) and agree to abide by them.

We have read the [Terms and Conditions](#) and agree to abide by them.

We have enclosed the requested documents:

a. A recent Sunday bulletin

b. A dated cover letter on church letterhead signed by the Contact Person.

We affirm that the above information is true and correct.

Signatures

Senior Pastor of the Congregation:

Signature:

Print name:

Date signed: _____

Congregational Chair of board or committee listed above in section I.

Signature:

Print name:

Date signed: _____

Please mail your completed application and supporting documents to the following address:

Mission Match
empty tomb, inc.

P.O. Box 2404

Champaign, IL 61825-2404