



Glow Ministry

celebrating ten years of
fruitful ministry

I understand that I may indicate a specific person that I would prefer to receive the benefit of my contribution **but** grant GLOW International, Inc complete discretion and control over the use of my donated funds to best benefit the Missions Teams.

I understand that my contribution is non-refundable. Please check mark below.

Yes _____ No _____

The person I would prefer to support is: _____

He/She plans to go on a Missions trip to: _____

He/She plans to go on this mission trip in _____

The amount of my donation is \$_____. Check # _____

Your Signature: _____

Today's Date: _____

Your Email: _____

Your Mailing Address:

Full Name (please PRINT legibly) _____

Street Address _____

City, State & Zip _____

Please print this page out and fill it out. Once you do please make sure to add it with your check into the envelop. Please do NOT add the participant's name into the memo line. Instead please add "Japan Mission Trip." Otherwise your donation will NOT be tax-deductible.

Any donations made that EXCEED the trip costs will be applied toward the general mission trips program and used to assist future projects.

Thank you for your understanding!

Please mail this form to:

503 Pine St, Palmetto GA 30268 U.S. along with your check.

glowintl.org - info@glowministry.org