



# Glow International

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 \_\_\_\_\_

Your Full Name (please PRINT legibly) \_\_\_\_\_

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 Mailing Address:

Full Name (please PRINT legibly) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please print this page out and fill it out. Please include this form in the envelope with your check. Please do NOT add the participant's name onto the memo line. Please write "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.**

**Please mail this form to:**

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

**glowintl.org - giving@glowministry.org**