

Giddings-Lovejoy Mission Submission Form

Your Information (all this information is required)

First Name: _____

Last Name: _____

Contact E-mail Address: _____

Contact Phone Number: _____

Describe the organization that sponsors or is affiliated with this mission (usually a church or a group within the church)

Organization Name: _____

Contact Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone Number (please include area code): _____

Cell Phone if available (please include area code): _____

E-mail Address if available: _____

Mission Information

Describe the mission. Please fill in all information that you know. **Information that is not currently known can be edited later.**

Name of Mission: _____

Do you know the Mission Type? **(If not, this can be filled in later)**

- Presbytery Mission
- Validated Mission
- Partnership Opportunity
- Mission Project

Does the mission have a web site? If so, please list: _____

Choose categories that apply to the mission (check any/all that apply)

<p>Church Development</p> <ul style="list-style-type: none"><input type="checkbox"/> New Church Development <p>Educational</p> <ul style="list-style-type: none"><input type="checkbox"/> Art<input type="checkbox"/> Camping<input type="checkbox"/> Kid Activities<input type="checkbox"/> Music<input type="checkbox"/> School<input type="checkbox"/> Vacation Bible School <p>Marriage/Family</p> <ul style="list-style-type: none"><input type="checkbox"/> Divorce<input type="checkbox"/> Domestic Abuse<input type="checkbox"/> Grief Support<input type="checkbox"/> Marriage Counseling<input type="checkbox"/> Mental Health Ministry<input type="checkbox"/> Physical Disabilities <p>Mental Health</p> <ul style="list-style-type: none"><input type="checkbox"/> Drug/Alcohol <p>Mission Trips</p> <ul style="list-style-type: none"><input type="checkbox"/> Adult<input type="checkbox"/> Family<input type="checkbox"/> International<input type="checkbox"/> United States<input type="checkbox"/> Youth	<p>Resources</p> <ul style="list-style-type: none"><input type="checkbox"/> Animal Shelter<input type="checkbox"/> Clothing<input type="checkbox"/> Disaster Assistance<input type="checkbox"/> Energy Assistance<input type="checkbox"/> Food<input type="checkbox"/> Hearing/Vision<input type="checkbox"/> Homeless<input type="checkbox"/> Justice/Peacemaking<input type="checkbox"/> Lodging/Shelter<input type="checkbox"/> Medical<input type="checkbox"/> Orphanages<input type="checkbox"/> Pregnancy<input type="checkbox"/> Thrift Shop<input type="checkbox"/> Transportation<input type="checkbox"/> Unemployment<input type="checkbox"/> Water <p>Social Groups</p> <ul style="list-style-type: none"><input type="checkbox"/> Aging/Elderly<input type="checkbox"/> Children<input type="checkbox"/> College<input type="checkbox"/> Hearing/Vision Impaired<input type="checkbox"/> Immigrant<input type="checkbox"/> Middle Age<input type="checkbox"/> Preschool<input type="checkbox"/> Prison Ministry<input type="checkbox"/> Teens<input type="checkbox"/> Young Adult<input type="checkbox"/> Youth
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List any other categories that might apply: _____

Describe where the mission is located:

Location Type Local National International

Street Address of Mission: _____

City where mission is located: _____

State where mission is located: _____

Zip code of mission: _____

Country where mission is located: _____

Describe the mission: _____

List any other information about the mission: _____

Please mail the completed Mission Submission Form to the Presbytery Office:

The Presbytery of Giddings-Lovejoy
Attn: Congregations in Mission Action Team
2236 Tower Grove Avenue
St. Louis, MO 63110