

LOVE GIFT OFFERING APPLICATION  
FOR MISSION TRIPS OR YOUTH TRIENNIUM GROUP TRAVEL  
PRESBYTERIAN WOMEN OF REDSTONE PRESBYTERY

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church \_\_\_\_\_

Event and Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the event that you plan to participate in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the projected cost of this event? Please itemize the cost.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other sources of funding that have been requested or received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application endorsed by: \_\_\_\_\_  
Pastor or Clerk of Session

\_\_\_\_\_ Application Received    \_\_\_\_\_ Grant Awarded    \_\_\_\_\_ Acknowledgment Sent

*Send application to the Moderator of Presbyterian Women*