

# Request for Light for the Lost Assistance

Assemblies of God U.S. Missions

## PART I: Applicant Data

Name:  Date:

Department:  Address:

City:  State:  Zip Code:

Phone Number:  Fax Number:

## PART II: Projected Use of Funds

Quantity:	Description of Resources:	Amount:	Date Needed by:
<b>Grand Total of Application</b>			

## PART III: District Appeals

Credentialed District (working):

Home District (Sending):

Possible Partnering Districts:

## PART IV: Approval

AGUSM National Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

LFTL/AGUSM Steering Committee: \_\_\_\_\_ Date: \_\_\_\_\_

## PART V: District Pledges

District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Pledged: \_\_\_\_\_

District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Pledged: \_\_\_\_\_

District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Pledged: \_\_\_\_\_

District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Pledged: \_\_\_\_\_

Assemblies of God U.S. Missions Accounting

Accounting Department

1445 N Boonville • Springfield, Missouri 65802 • (P) 417.862.2781 • (F) 417.863.7276

Note: If you are completing this on a MAC, please click the button to save.  
Save it to your desktop.  
Then attach it to an email and send to [agusmfinance@ag.org](mailto:agusmfinance@ag.org)