

KIRBY WOODS BAPTIST CHURCH
6325 Poplar Avenue
Memphis, TN 38119
(901) 682-2220 FAX: (901) 682-1747

**PERSONAL TESTIMONY OF AN INDIVIDUAL REQUESTING MISSION FUNDS
FOR MISSIONARY SERVICE OR CHURCH PLANT
(To be submitted to the Missions Office)**

PERSONAL INFORMATION	
Name: _____	Date of Birth: _____
Address: _____	
Home/Cell Phone: _____	E-Mail: _____
Name of Church Plant/Mission Organization and Location: _____	

SALVATION AND BAPTISM
Please give a brief account of your personal salvation experience and your baptism.

CALL TO CHRISTIAN SERVICE
Please give a brief account of your call to vocational Christian service and describe the manner in which you believe the Lord is leading you to fulfill that calling.

CHURCH MEMBERSHIP

Church: _____ Date Joined: _____
Church Address: _____

Pastor: _____ Telephone: _____
Telephone: _____

PURPOSE FOR REQUESTING MISSION FUNDS

Please indicate the purpose for which you are requesting mission funds from Kirby Woods Baptist Church and complete the appropriate form for that purpose:

_____ **MONTHLY SUPPORT FOR AN ONGOING MISSIONARY WORK**

Please complete the "Request for Funds for Missionary Support"
(Form MC-20) and submit to the Missions Office.

_____ **MONTHLY SUPPORT FOR STARTING A MISSION OR A NEW CHURCH**

Please complete the "Request for Funds for Starting a Mission or a New Church"
(Form MC-30) and submit to the Missions Office.

SIGNED: _____ **DATE:** _____

Missions committee Use only

Received by: _____ **Date:** _____

Committee Action: _____ **Date:** _____