



Short-Term Missions Support Application

Name: _____

Address: _____

Contact Info: Cell # _____

Email _____

Involvement at Terrace Shores: _____

Are you in agreement with the Terrace Shores/ River Shores Doctrine Statement? Yes No

Mission Organization and Brief Description of Project: _____

Total support amount needed for the trip: \$ _____

Dates of Project (Begin – End): _____

Brief personal testimony of your relationship with the Lord: _____
