



Multiply Your Blessings Mission Application

Mission Owner: _____ Phone #/Email: _____

Name of Mission with description: (Use other sheet if necessary)

I am applying for a \$50 grant ONLY.

I am applying for matching funds.

I plan to raise \$ _____ to be matched. (May be asked to submit receipts)

I am applying for help organizing volunteers to _____
Specific skill sets needed and number of each (if any):

I am applying to host a one-time fundraising or other event on this date: _____

Start date _____ and end date _____ of the MYB campaign (up to one month)

Is this a recurring mission? If future dates are scheduled, list them _____

I certify that the beneficiary of this mission is not myself nor my family. I agree to use any money raised for this mission only on the mission. Any money left over will be returned to the Multiply Your Blessings Fund. I understand that I may be asked to appear in person or prepare a video witnessing to the impact this mission has had on me and/or my neighbor.

Signature: _____ Date: _____

Submit a signed application to:

Cargill United Methodist Church - Multiply Your Blessings

2000 Wesley Ave, Janesville WI 53545

Or place it in Dianne's mailbox in the church office (send questions to dianne@cargillumc.org)