

Greater Charleston Convoy of Hope[®] 2009 Church Participation Form

****Please print and provide complete information****

Participating Church Information

Church Name *(Please print legibly)*

Affiliation/Denomination

Mailing Address

City

State

Zip

Office Phone

Fax

Web Address

Senior Pastor/Bishop's Name

Person to Contact at our Church

Email Address

Cell or Daytime Phone Number

Form Completed and Submitted By

Please contact me about my church's interest in the following areas:

- We want to be a **Community Partner** or **Community Partner Ally**:

Community Partners adopt residents, in one or more target communities, to get acquainted with them, pray for them, invite them to the outreach, minister to them in Family Services, and provide AfterCare for new converts. A **Community Partner Ally** provides help, support, and assistance to Community Partners.

- We will make a **Financial Leadership Gift**:

- \$5,000
 \$2,500
 \$1,000 (churches giving more than \$1,000 will be listed on our tee shirts)
 \$500
 \$250
 Other \$_____ (if no amount is indicated, please contact me)

- We will **Mobilize Leaders**.
 We will participate in **Prayer**.
 We will help **Recruit Volunteers**.