



BELIZE IGNITE MISSIONS TRIP SUPPORT FORM

Check (v) which one(s) applies and send to:
Harvest Bible Chapel
401 CIMMERON DRIVE, EAST PEORIA, IL 61611

I will support _____

_____ PRAYERFULLY: With the Lord's help, I will pray for you and the team on a daily basis.

_____ FINANCIALLY: \$ _____

Make your check payable to **Harvest Bible Chapel**. DO NOT place any note in the memo line of the check.

Your financial support needs to be sent to the church by **May 1, 2019** along with this support form. **In the event that this person is unable to go on the trip, all money will be applied to the short-term missions program of the church.** Thank you for your prayerful and/or financial support.

NAME: _____

ADDRESS: _____

PHONE: _____

As a 501(c)(3) non-profit organization, all contribution are tax deductible and you will receive a year-end receipt.



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