

District Affiliated Churches Assistance Form

Church Name: _____
Church Address: _____
City State Zip
Church Phone: _____
Church E-mail: _____
Senior Pastor: _____

Contact Person's Name: _____
Contact Person's E-mail: _____
Contact Person's Phone # _____

Shipping Address (if different from Church Address) _____
City State Zip

Item(s) requesting:

- Laptop
- Projector
- Sound System
- Truss and Lights
- Other _____

(Please only select two, our policy is two in a 12 month period. Thank you)

Please describe how this equipment will be used: _____

Please fill out and e-mail to kids@agncn.org or fax to 916.503.2852 attention Amanda Kelderman. Thank you.

CM OFFICE USE	
Received: _____	Date _____
Entered: _____	Date _____
Confirmed: _____	Date _____

CM OFFICE USE:
Amount Requested: _____
Approved: _____