



# ADVIM

Anderson District Volunteers in Missions

## ***Project Request Form***

Date: \_\_\_\_\_

Project Organization/Church: \_\_\_\_\_

Project's Physical Address: \_\_\_\_\_

Project Description: *(Please be brief but concise in stating request.)* \_\_\_\_\_

---

---

---

---

---

Do you have funds available for this project?     Yes     No

### ***Project Contact Person***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: Land \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Signatures: \_\_\_\_\_

Authorized Person

Pastor, if applicable

### ***Send completed form to:***

Neil Vander Linden, ADVIM Chairman  
1569 Dacusville Hwy  
Easley, SC 29640  
E-mail: [ngvl@aol.com](mailto:ngvl@aol.com)