

Asians to the World

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PARTNERSHIP APPLICATION

YES, I am interested to be a partner in your mission of empowering people!

(Please take a few moments to fill out this partnership information form. These information will be treated confidentially and used for partnership purposes only. (For birth dates/wedding anniversary, we're requesting for month and day only.)

Family Name: _____ First Name: _____ Spouse Name: _____

Name of Church/Organization/Business _____

Title _____ How long in that position _____ Denominational Affiliation _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone: _____ Unlisted? (Y/N) _____ Work Phone: _____ E-mail: _____

Your Birth Date: _____ Your Spouse's Birth Date: _____ Wedding Anniversary: _____

Your Children:

- 1. _____ Birthdate: _____ Status _____
- 2. _____ Birthdate: _____ Status _____
- 3. _____ Birthdate: _____ Status _____

(Please use reverse side for additional children and information)

Your interests (please check as many as you wish):

•KIDSGIFT: US International Office

- Sponsor a Child Volunteer (indicate what field/area you like to involve) _____
- Establish & Coordinate a US Field Office Other _____

Country Field Office

- Establish a Local Project in your area _____ No. of children you want KidsGift to help _____
- Name of the Church _____ Willing to comply with the requirements _____

- HELPING HANDS : Donate \$ _____ every _____ Monthly Semi-Annually Annually One time only
- Volunteer _____ Be a beneficiary of (indicate what item) _____
- Others _____

- MICRO ENTERPRISE DEVELOPMENT : Donate \$ _____ every _____ Monthly Semi-Annually Annually One time
- Volunteer _____ Be a beneficiary of (indicate what item) _____
- Others _____

- CHURCH PLANTING Donate \$ _____ every _____ Monthly Semi-Annually Annually One time only
- Volunteer _____ Be a church Planter (indicate the proposed location) _____
- _____ On a Separate paper explain why, how and what we can help
- Others _____

- ASIA CENTER FOR MISSIONS Donate \$ _____ every _____ Monthly Semi-Annually Annually One time only
- Volunteer _____ Request for info how to help with the needs of missionaries _____
- _____ On a Separate paper explain why, how and what we can help
- Others _____

REMARKS: _____

Signature: _____ Date: _____

For Administrative Use Only

Approved Date _____ Evaluated By _____ Remarks _____
