

# COVENANT RELATIONSHIP

GENERAL BOARD OF GLOBAL MINISTRIES  
THE UNITED METHODIST CHURCH

## AN ACCEPTANCE OF MISSIONARY SUPPORT THROUGH THE ADVANCE

This form is to be used to establish a covenant relationship with mission personnel according to guidelines as printed in the COVENANT RELATIONSHIP brochure. A covenant relationship guarantees the following: (1) a visit by the missionary to the supporting church upon itinerating; (2) copies of letters/newsletters sent to supporting churches.

ANNUAL CONFERENCE *SOUTH GEORGIA* CONFERENCE NUMBER *712*

YOUR DISTRICT: \_\_\_\_\_ DISTRICT NUMBER: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_  
street city zip

NUMBER OF CHURCH MEMBERS: \_\_\_\_\_ CHURCH NUMBER: \_\_\_\_\_

NAME OF PASTOR: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
(area code)

NAME OF MISSIONARY /COUPLE: \_\_\_\_\_

MISSIONARY CODE NUMBER: \_\_\_\_\_ NAME OF COUNTRY: \_\_\_\_\_

AMOUNT OF COMMITMENT \$ \_\_\_\_\_  1 YEAR BUT HOPE TO RENEW

2 YEARS  3 YEARS  INDEFINITELY EFFECTIVE DATE: \_\_\_\_\_

THIS COMMITMENT IS:  NEW  THE SAME  AN INCREASE  A DECREASE

PAYMENTS TO BE MADE:  MONTHLY  QUARTERLY  OTHER \_\_\_\_\_

IF PAYMENT IS TO BE MADE ONCE ANNUALLY, WHICH MONTH: \_\_\_\_\_

PERSON FILLING OUT THIS FORM: \_\_\_\_\_

Date \_\_\_\_\_  
(Month Day Year)

*One copy of this form should be sent directly to your: ① Conference Secretary of Global Ministries (Conference Missionary Secretary, P.O. Box 20408, St. Simons Island, GA 31522) and one copy to ② the Missionary Support Office (Office of Missionary Support, General Board of Global Ministries, 475 Riverside Drive, Room 1305, New York, NY 10115). All funds should be sent through your Conference Treasurer's Office (P.O. Box 52101, Macon, GA 31208). Please include missionary code number.*