



(888) 474-2966 | PO Box 12609 Oklahoma City, OK 73157 | wmminfo@iphc.org | iphc.org/missions

Project Request Form

Requested By: _____ Request Date: _____

Project Location:

Region: _____ Country: _____ City: _____

Project Details:

Type of Project: (Construction, Medical, Equipment, etc.) _____

Estimated dates for project: _____

Estimated cost of project: _____

Estimated source of funds: _____

What percentage will be raised on the field? _____

Primary fund raiser: _____

Other Details:

Signatures:

Missionary/National Superintendent: _____ Date: _____

Regional Director: _____ Date: _____

WMM Approval: _____	Date: _____
Project # _____	