

# 2024 MISSIONARY RECOMMENDATION FORM

## CO-SENDING CHURCH FORM

**THIS RECOMMENDATION:**  
 New Recommendation  
 Re-Recommendation

**RECOMMENDING AS:**  
 Interstate Missionary  
 Foreign Missionary  
 National Missionary  
 Missionary Helper  
 Mission Ministries

**RECOMMENDING FOR:**  
 Salary  
 Designated Funds

MISSIONARY INFORMATION			
FULL NAME			AGE
ADDRESS			PHONE
CITY	STATE	COUNTRY	ZIP/POSTAL CODE
E-MAIL ADDRESS			CITIZENSHIP (COUNTRY)

CO-SENDING CHURCH		
NAME		PASTOR OR CLERK
MAILING ADDRESS		PHONE
CITY	STATE	ZIP/POSTAL CODE
E-MAIL ADDRESS		

Indicate areas and approximate amount of monthly support this church will be contributing to missionary and mission:  
 SALARY \$ \_\_\_\_\_ HOUSING \$ \_\_\_\_\_ PROPERTY \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

**Is this church in full agreement with the Doctrinal Statement of the American Baptist Association (pages 152-154) of the 2022 Yearbook?** \_\_\_\_\_

**This recommendation was approved by the sending church on \_\_\_\_\_ day of \_\_\_\_\_, 2024.**

**Moderator** \_\_\_\_\_ **Church Clerk** \_\_\_\_\_

This form must be received by **4/18/2024**, 60 days prior to the Messenger Meeting in Springfield, IL.  
 Please fill out the form completely and submit or mail to:

**Secretary-Treasurer of Missions**  
**American Baptist Association**  
**PO Box 1050**  
**Texarkana, TX 75504-1050**

**Missions Office**

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

By: \_\_\_\_\_

Returned for Additional Information: \_\_\_\_\_

Received Back in Office: \_\_\_\_\_