

## Unity Presbyterian Mission Project Experience

Ministry/Project: \_\_\_\_\_

Date: \_\_\_\_\_ Project Location: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Email or telephone #: \_\_\_\_\_

Details of Project: \_\_\_\_\_

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Did you sense God's presence and God's blessings during this project? Explain: \_\_\_\_\_

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How has this Project impacted your life or a recipient's life? \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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This signed form gives Unity Presbyterian Church permission to publish the material submitted and any photos taken during the project. Contact information will not be shared without permission.

Signature of person submitting: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of other named or photographed: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_