

PROJECT APPLICATION FORM

Partnering with Crosslink Memphis begins by thoroughly filling in the application form and returning it via email to ProjectApp@crosslinkmemphis.org or by fax to 901-323-8408

Before you fill in the request form, read the requirements to determine if your project conforms to the mission of Crosslink Memphis.

Please Note:

1. There is a minimum processing fee of \$80 for each order.
2. A copy of the requesting organization's 501(c)3 IRS determination letter along with a state sales tax exemption form must be submitted.
3. Payment information must be provided upon submission of supply requests and/or formulary requests. The credit card will **NOT** be charged until the order ships to your location.
4. An order generally takes 5 weeks to complete after submitting the supply and formulary request. Orders are completed on a first come-first served basis.
5. Your shipping cost is the exact amount FedEx charges Crosslink Memphis.
6. After trip completion, we request that a project report with pictures is completed.

General Information – (please fill in ALL blanks)

Requesting Organization: _____ Date of Request: _____
Name of Contact: _____ Job Title: _____
Telephone #: _____ Fax #: _____ Email: _____

Billing Address:

Address: _____
City: _____ State: _____ Zip: _____
Attn: _____ Telephone: _____

Physical Shipping Address: Please check if address is: Residential or Business

Address: _____
City: _____ State: _____ Zip: _____
Attn: _____ Telephone: _____

How did you first hear about Crosslink Memphis? _____

In what country/location will these supplies be used:

Country: _____ City: _____ Facility: _____

What are the dates of your trip: Start _____ End _____?

Date you need items: Received _____ (or) Picked Up: _____

Date Medicine paperwork needed (if different than Date Items needed: _____

Number of people you hope to serve (approximately): _____

Number of team members: _____

Have you read and are familiar with the stated mission of Crosslink Memphis to provide an avenue for sharing the Gospel of Jesus Christ through the provision of medical supplies and medicines?

_____ YES _____ NO

How will your team share the Gospel of Jesus Christ during the trip? _____

During your mission trip, who will you be serving, and what medical conditions will you be treating? _____

Name of organization/physician that will receive and distribute the medicines/supplies:

USA: _____ On Location: _____

Is there a hospital or clinic at the site for follow up care? _____

Is there a physician/LNP on your team? _____

Is there a physician/LNP in-country to diagnose & prescribe meds? _____

We are interested in:

- Purchased Medicines (approx. budget of \$ _____)
- Donated Medical Supplies (limited quantities)
- Donated Medical Equipment (may require special procedures & additional shipping cost)
- Eye/Sun Glasses (6 to 8 weeks advance notice)

Name and contact information for team's photographer/social media lead:
