



Church Partner Application

Pastor's Name _____

Title _____

Church _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Office Hours Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Our Love INC Ministry coordinator (LMC) and his/her assistant:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Our church contact for finances (budgeted ministry support and client assistance):

Name _____ Position _____

Phone _____

Mail this completed form to: Love INC, P. O. Box 368, Lebanon, IN 46052