1. 

2017 COST OF MISSION SUPPORT

1 SECOND $ .41

1 MINUTE $ 24.38

5 MINUTES $ 121.88

1 HOUR $ 1,462.56

The lighting of the **MISSION CANDLE** will again be a significant part of our Conference Annual Meeting to be held on October 13-14, 2017 at Bossier First United Methodist Church in Bossier, LA. The Candle was first burned at the 1979 Conference Annual Meeting as a Centennial Celebration of women Organized for Mission. Because of the loving and diligent promotions of Shirley Hoffpauir, then serving as Conference Treasurer, the Tradition of the Mission candle has evolved to represent our past, present and future as women organized for mission. Units and individuals will want to be a part of this meaningful expression of our united commitment to a worldwide program of mission outreach.

Gifts may be given **IN MEMORY or IN HONOR OF** persons whose names will be inscribed by district in a   
CONFERENCE MISSION BOOK displayed near the candle. Each district will take home its list of names to be   
displayed at District Annual Meetings. PLEASE NOTE that the person or unit giving the gift is responsible for notifying honorees and/or families of those memorialized. The MISSION CANDLE will burn for the exact length of time for the total gifts collected after which the candle will be extinguished. OUR GOAL is to burn the candle throughout the Conference Annual Meeting. This goal can be realized if every unit gives 1 minute or more for the MISSION CANDLE. However, there is no minimum or maximum gift requirement. All monies are incorporated into each District's PLEDGE TO MISSION. The MISSION CANDLE gifts will used by United Methodist Women National to support mission outreach programs.

Please use this form to list names, indicating in which section each name is to be inscribed. Send the Form   
with your check to your District Treasurer by September 1st.

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**PLEASE TYPE OR PRINT** - (If more space is needed, attach additional sheets. DO NOT write on the back)

Individual/Unit submitting form: \_

Church:\_\_\_\_\_\_\_\_\_\_\_\_ District: \_

City: Phone:

Given by: Name of Individual/Unit

In HONOR of:

Given by: Name of Individual/Unit

In MEMORY of:

TOTAL AMOUNT   
ENCLOSED

$\_\_\_\_