



May 5, 2017

Financial Support for Missionaries:

In an effort to provide continuing support to missionaries in the field, an anonymous donor has agreed to work with Sonlight Curriculum, Ltd. to share some of the cost of our products and services. Qualified missionaries now have the opportunity to receive our curriculum at a great discount!

To be able to provide support in a reasonable and consistent manner, we will authorize missionaries in the following manner:

1. The donor is offering a 25% subsidy on all purchases, for all Full-Time “Self Supporting Missionaries” affiliated with your agency. Our donor defines “Self Supporting Missionaries” as those missionaries who personally raise all of their financial support and are not financially supported by an agency through means of agency employment.
2. You will qualify for the missionary subsidy given that you are a bona fide Christian mission agency with a verified 501(c)(3) (non-profit) number.
3. You will be approved for this level of subsidy through the following process:
 - a) We will verify your qualification through the attached Application for Missionary subsidy.
 - b) Missionaries from your agency will be identified, approved, and entered into our business system and coded with a missionary subsidy code to receive the 25% subsidy.

If you have any questions or if I can be of further assistance, please do not hesitate to contact me or any member of the Customer Relations Team at 303-730-6292 or 1-800-903-1675, Monday through Friday, 7:00 a.m.-5:00 p.m., Mountain Time. You may also email main@sonlight.com.

Sincerely,

Lydia Bowers
for the Sonlight Team



Application for Overseas Worker Subsidy

Please print.

Agency Name: _____

Address: _____

Phone: _____

Date: _____

Contact Name: _____

Agency 501(c)(3)
number: _____

Number of years serving as an Overseas Worker Agency: _____

Are you able to affirm the EFMA and/or IFMA statement of faith? Yes / No

Please check all applicable boxes:

I request Sonlight Curriculum Ltd. to apply the overseas worker subsidy on orders for the following Customer(s) only. (If more than one customer please fill out additional information on the following page)

- Name (Last, First):
- Location Serving:
- Do they raise their own support to work on the field?
- Role/Function:
- Ministry Purpose/Target:
- Who is Overseeing Their Work? (i.e. who in the agency holds the serving worker accountable)

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Authorized Signature

Printed Signature

Title

Sonlight Authorized Signature

Printed Signature

Date

Sonlight Manager Intls & Date _____



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