

Midwest Conference Women's Missionary Society's
Save Our Youth (SOY)

Student

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TELEPHONE _____
GENDER _____ AGE _____ GRADE _____

PARENT OR GUARDIAN

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ TELEPHONE _____

TYPE OF SERVICE RENDERED

BOOKS _____
CLOTHING _____
SCHOLARSHIP _____
CASH _____
OTHER _____

LOCAL MISSIONARY SOCIETY

Local Church _____ City _____ State _____
Local President _____
Local SOY Coordinator _____ email _____