

INTERLINK MINISTRIES, INC.

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Project Website Authorization

Project Name (Print): _____

I give permission to have my name and contact information listed on Interlink's website YES NO

Project Coordinator's Name (Print): _____ Date: _____

Signature: _____

Please give a brief description of your ministry as you would like it to appear on Interlink's website:

I give permission to have a link to my ministry's website included on Interlink's website YES NO

Your Website: _____ Date: _____

Name (Print): _____

Signature _____