



PLEASE READ THIS PAGE CAREFULLY TO DETERMINE IF YOUR PROJECT FULFILLS THE MISSION STATEMENT OF CROSSLINK INTERNATIONAL.

GENERAL INFORMATION CROSSLINK INTERNATIONAL:

Mission Statement: *CrossLink International changes the world one life at a time through Christlike missions. Our vision is a world rich in health and Christ's love.*

- Seeks to share the Gospel of Jesus Christ through medical missions.
- Is a non-profit, humanitarian 501 (c)(3) ministry.
- Equips medical mission teams with medicines, medical supplies, medical equipment and recycled eyeglasses.
- Is licensed by the Virginia Board of Pharmacy as a warehouse/distributor of medicines.
- Does not handle or distribute narcotics or any scheduled drugs.
- Does not use expired drugs or medical supplies.
- Customizes resources sent according to the wishes of the receiver.
- Member of:
 - Evangelical Council for Financial Accountability (ECFA)
 - Technical Exchange for Christian Healthcare (TECH)
 - The Association of Evangelical Relief & Development Organizations (AERDO)
 - Christian Connections for International Health (CCIH)
 - Combined Federal Campaign _ (CFC) # 14672

PROJECT INFORMATION

- CrossLink's mission is to help equip medical mission teams.
- No prepackaged items - each individual project is customized.
- Donated pharmaceuticals and supplies given according to the quantity on hand at the time of the request.
- Medicines not donated to CrossLink (such as generics) may be purchased at a substantial reduction. Typical prices listed on the enclosed form.
- Glasses provided free of charge through a partner relationship with the Lions Eyeglass Recycling Center of Northern Virginia. **Allow 6-8 weeks advance notice for preparation.**
- Projects will be assessed a **\$50.00 administrative fee** and **any UPS shipping costs.** Containers are assessed and additional 500 (20 ft.) or \$600 (40 ft.)
- Allow 4 to 5 weeks advance notice for preparation of projects --- 6-8 weeks for containers.

CrossLink is operated in the name of our Lord and Savior, Jesus Christ, and with the hope that through this ministry both the givers and the receivers will develop a closer relationship with Him.

For further information, write, call or email:

CrossLink International, 427 North Maple Avenue, Falls Church, VA 22046

Telephone: 703-534-5465 * FAX: 703-536-8349 * [Email: info@crosslinkinternational.net](mailto:info@crosslinkinternational.net)



Project Request Application
To begin the evaluation process, please fax the completed form to CrossLink at 703-536-8349.

PLEASE NOTE:

1. Projects will be assessed a \$50 administrative fee and any UPS shipping costs
2. Allow 4-5 weeks for the processing of medicines and general supplies and 6-8 weeks for a container.
2. Orders of purchased medicine and supplies require a 50% deposit. Please contact us for payment information.
3. A copy of the 501 (c) (3) IRS determination letter is required from all first-time non-profits requesting a project.
4. A follow-up report with project photos is required.

General Information – (all blanks must be completed)

Requesting Organization: _____ Date of Request: _____

Name of Contact Individual: _____ Relationship to Trip: _____

Telephone: _____ Fax: _____ E-mail: _____

Billing Address:

To: _____

Attn: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Shipping Address (cannot be a PO Box):

Please check one of the following: The address below is a Residential Address,

Business Address To: _____

Attn: _____

City: _____ State: _____ Zip: _____

Telephone: _____

How did you first hear about CrossLink International?



Project Description

How does your mission trip reflect the mission statement of CrossLink International?

Country/Location where items will be used: (include name/address of facility/location where items will be used if possible)

Country: _____ City: _____ Address: _____

Project Dates: Start = _____ End = _____

Date you need to receive items from CrossLink: _____

OR

Date you will pick up items from CrossLink: _____

Approximate number of people to be served: _____ (please estimate)

Number of Team Members: _____

Brief project summary:

What are the most prevalent health problems in the area being served? _____

Who are the people groups benefiting?

Name of the organization/physician that will manage the receipt and distribution of medicines & medical supplies/equipment:

USA _____ In-country _____

Is there a hospital or clinic at the site for follow-up care? ___Yes ___No

Is there a physician/LNP on team or in-country who can diagnose/prescribe meds? ___Yes ___No

I/We are interested in:

- Purchased Medicines (approx. budget \$ _____)
- Donated Medicines (limited quantities)
- Donated Medical Supplies (some quantities limited)
- Medical Equipment (may require special procedures & additional expense for Shipping.)
- Glasses (6 to 8 week advance notice)
- Focometer (\$500 deposit required)