

AMERICA FOR CHRIST OFFERING 2026



American Baptist Home Mission Societies

www.abhms.org/afc



The Wisdom and Power of Storytelling

JESUS TOLD THE CROWDS ALL THESE THINGS IN PARABLES; WITHOUT A PARABLE HE TOLD THEM NOTHING. THIS WAS TO FULFILL WHAT HAD BEEN SPOKEN THROUGH THE PROPHET
"I WILL OPEN MY MOUTH TO SPEAK IN PARABLES;
I WILL PROCLAIM WHAT HAS BEEN HIDDEN SINCE THE FOUNDATION." MATTHEW 13:34-35 NRSVUE

IN-PERSON/VIRTUAL SPEAKER REQUEST FORM

SECTION A *Please complete all that apply.*

Today's Date (mm/dd/yy): ____ / ____ / ____

ABCUSA Region: _____

Contact: _____

Requested Date(s): ____ / ____ / ____

Alternate Date(s): ____ / ____ / ____

Region Event: ☐ Region Conference ☐ Area/Assoc. Meeting ☐ ABW/ABMen Conference
☐ Virtual Meeting ☐ Other _____

Local Church: ☐ Worship/Sunday School ☐ Mission Fair ☐ Church Retreat ☐ ABW/ABMen ☐ Youth

Please indicate which deputation costs your region/church/organization will cover:

☐ Lodging ☐ Meals ☐ Transportation

Preferred Home Mission Speaker:

First Choice: _____ Second Choice: _____

Home Mission Speakers *Speakers are ordained ministers ** Speakers speak Spanish

Abigail Medina Betancourt ***

Meg Biddle*

Abner Cotto-Bonilla ***

Rothangliani Chhangte*

Vincent Dent

Jeffrey Haggray*

Lisa Harris-Lee*

Laura Miraz **

Patricia Murphy*

Marie Onwubuariri*

Monique Sadler-Taylor

Alexzandria Sanchez

Ben Sullivan*

Michele Turek*

Curtis Ramsey-Lucas

Erica Van Brakle*

Section B over

IN-PERSON/VIRTUAL SPEAKER REQUEST FORM

SECTION B

Please complete additional copies of SECTION B for each separate event.

Name of Church/Organization: _____

Church Ethnicity: ☐ African Amer. ☐ Asian ☐ Euro Amer. ☐ Haitian
 ☐ Latino ☐ Native Amer. ☐ Multi-Cult ☐ Other

Location/Address of Event: _____

Local Contact Person: _____

Contact E-mail: _____

Contact Phone: _____ - _____ - _____ Number of Attendees: _____

Pastor's Name: _____

Church/Pastor's E-mail: _____

Church Address: _____

Please describe event(s) and include speaker expectations: _____

Additional comments: _____

Because of scheduling and resource constraints, it may not be possible to fulfill all requests.

E-MAIL | kim.wilkins@abhms.org PHONE | 610-768-2413

This form can also be mailed to: Kim Wilkins, 1075 First Avenue, King of Prussia, PA 19406
If you have any questions, please call 610-768-2413.



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Please give today! | www.abhms.org/afc