

Official Adoption Agreement For the

Direct Support of

TIRZAH KREY, OUR MISSIONARY TO LATIN AMERICA AND CARIBBEAN REGION

Project # A10898-69471



Deaconess Tirzah Krey serves the Lord through The Lutheran Church—Missouri Synod (LCMS) in the Latin America and Caribbean region, based in the Dominican Republic. In her role as regional human care coordinator, Tirzah serves with regional leadership and the region’s chaplain to care and advocate for the missionaries and their families in all aspects of their physical, spiritual and emotional health. Tirzah utilizes her background as a registered nurse to work alongside pastors, deaconesses and seminary students to promote

community health and complete congregation health visits. In addition, she also coordinates community health initiatives near the region’s mission plants and teaches health education alongside the church plants in the Dominican Republic.

Tirzah was born in Windsor, Ontario, Canada. Her home congregation is Messiah Lutheran Church, Seattle. She received her bachelor’s degree in nursing (B.S.N.) from the University of Windsor and her Masters of Arts in deaconess studies through Concordia Theological Seminary, Fort Wayne.

Pray for Tirzah as she serves the churches and people in the Latin America and Caribbean region. Please pray that the Lord may utilize Tirzah to serve and care for the missionaries and families in the region. Finally, pray for God’s Word to reach the ears of those who do not yet know Him. Give thanks to God for Tirzah and her faithful service as she serves God’s people throughout this part of the world.

Amount of support Pledged from our Family or Organization \$ _____
Please make all checks payable to Mission Central

Tirzah Krey A10898-69471

WE HEREBY AGREE TO SUPPORT THE ABOVE DESCRIBED PROJECT, FORWARDING THE PROCEEDS
TO: MISSION CENTRAL
40718 HIGHWAY E16 MAPLETON, IA 51034-7105
Our Gift will be sent: () Once with this agreement, () At the end of one year
() Semi-Annually () Quarterly () Monthly

Dated This _____ of _____, _____

Congregation, Organization, or Individual

Birthday _____ **Aug. 12**

Address

City, State, Zip

Signatures

My e-mail address

My cell phone