

REQUEST FORM
Endowment Fund of First Lutheran Church
W2314 Prospect St., P.O. Box 250
Poy Sippi, WI 54967-0250
(920) 987-5151

To: Endowment Fund Committee
First Lutheran Church, Poy Sippi

In accordance with the objectives defined in the First Lutheran Church Endowment Fund adopted by the Congregation, for use of income derived from the Fund, this application for a grant is submitted for consideration to the First Luther Endowment Fund Committee.

NAME _____
(Individual / Organization / Group)

ADDRESS _____

PHONE # _____

EMAIL _____

AMOUNT REQUESTED \$ _____ DATE NEEDED _____

PURPOSE OF GRANT (attach explanatory letter if additional space is needed)

CONTACT PERSON _____
(Name) (Phone #)

(Address)

OFFICE USE:
Initial Action & Date _____
Final Action & Date _____
Amount \$ _____ Date to be paid _____

Comments:

