

ENDOWMENT COMMITTEE FUNDING REQUEST

Contact Information

Today's Date: _____

1. Church Committee/Group: _____

2. Contact Person(s) with Phone Number(s) and email address(es):

3. Sponsor Signature: _____

(Committee Chairperson or Council President)

Project / Program Information

1. Name of Project / Program: _____

2. Brief Description: (attach supporting documents, contractor/supplier cost estimates, etc.)

3. Amount Requested: _____

4. Check Payable to: _____

5. Send Check to: (specify recipient and address) _____

ENDOWMENT COMMITTEE USE ONLY:

Today's Date: _____ Preparer: _____

Endowment Fund: _____ Amount: _____

Description: _____

Endowment Recommendation Date: _____

Church Council Approval Date: _____

Date Paid: _____ Check #: _____ Paid By: _____