

Mount Calvary Lutheran Church Foundation
Request for Funding

Name of Requesting Person/Organization

If Organization, Contact

Street Address

Daytime Telephone

City

State

Zip

Evening Telephone

Amount Requested: \$_____. Please explain:

Why is this grant needed?

People or organizations that will benefit from this grant:

Explain any special circumstances resulting in this request:

What other funding sources have been explored? Has an application been made to other organizations or Mount Calvary ministry teams? Please provide details:

When are funds required?

To whom should check be written? _____

To what address should check be mailed? _____

Signature of Person Initiating Request

Date

Printed Name

This request and supporting documents should be mailed to the Mount Calvary Lutheran Church Foundation, 301 County Road 19, Excelsior, MN. 55331. Although emergency requests can occasionally be accommodated, the Foundation requests 45 days for processing.

Application for duplicate funds from other agencies to cover this request will void this request.

Date Approved by Foundation

Foundation Trustee Signature