



CROSS OF LIFE
LUTHERAN CHURCH

Endowment Fund

Date:

This is a request for a grant from the Cross of Life Endowment fund for the organization and the purpose as described below:

ORGANIZATION INFORMATION

Organization Name:	
Address:	
Telephone Number:	
E-Mail:	
Amount Requested:	
Date Needed:	
Purpose of Grant:	

#

By what authority or position do you make this request?

Upon receipt of this request, the Endowment Board will schedule a meeting to determine the merits of the request according to guidelines established for the Board. It is possible that you may be asked to meet with the Board to provide additional information.

YOUR CONTACT INFORMATION

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Your Name:	
Address:	
Telephone Number:	
E-Mail:	

EIN : # _____

501C3 Charity