

First Lutheran Church
Endowment Fund Request

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

E-mail: _____

Amount of Request: _____

Date Approval Needed: _____

Date Funds Needed: _____

Purpose or Reason for Request: _____

Council Approval: _____

Action by Committee: _____

Return completed form to treasurer upon fund transfer from Endowment Fund to Church General Fund