

Request for Gift and Memorials Funds

Description of item(s) requested:

Give a brief description of why this (these) item(s) are needed and how they will be used:

Ministry area or Committee requesting funds: _____

Name of person applying for funds : _____ (please print)

Signature of applicant _____ **Date:** _____

For Gifts and Memorial Committee Use Only

Name of person this (these) item(s) will be in memory of (what memorial gift will be used to purchase this item) Please note: *This needs to be filled out by the Gifts and Memorial Committee prior to approval and purchase of item(s)*

Name:

Approved _____ **Approved by** (name) _____ **Date:** _____

Amount approved: _____

Not-approved: _____ **Date:** _____

Memorial Gift will be dedicated on _____

A copy of this completed form needs to be returned to applicant and a copy placed in file.