



When completed, send to a member of St. John's Mission Endowment Fund Committee.

Date	Endowment Committee Member Name		
Requestors Name	Phone	Email Address	
Address	City	State	ZIP Code

Note: The **recipient** is the person or organization that will benefit from the activity and not the person requesting the funds.

This donation is made in the loving memory of :

Name of recipient or organization		Phone	
Address of recipient	City	State	Zip

Describe the purpose for which funds will be used (such as painting, making repairs, new construction, health/medical expenses, scholarship, mission outreach, etc.)

Name of payee		Tax Payer ID No.	
Address of payee	City	State	ZIP Code
Proposed Activity date(s)	Activity name		
Matching Funds(if Applicable)	Date Needed:	Total Amount Requested:	

Describe the activity detail: location, time, and how or if you plan to involve church members

Estimated volunteer hours to be contributed (if any)

May this donation be publicized (mentioned in church bulletin or Endowment fund activities)

Yes No _____ **Initials** _____ **Date**

Yes No Is the recipient aware they need to sign the Permission to Disclose Information form?

Activity Contact(If applicable) Address State Zip Email

It is the committee's goal to review and respond to all funding requests within 30 days from the date of receipt.



Do you, a family member, or an organization you belong have ownership, membership or beneficial interest in this organization or group? Yes _____ No _____ If yes, describe the circumstances.

Has this request been discussed with any Mission Endowment Fund Committee Member?
Yes _____ No _____ If yes, please identify the Committee member & whether they support the request:

Other information you wish the Mission Endowment Fund Committee to consider (please attach any additional documents you care to share):

**Submit this request to a member of the St. John's Mission Endowment Fund Committee.
To find a member, go to www.stjohnsantioch.org or E-mail: stjohns@pacbell.net**