

Member Request Form

Please fill out the following form to officially make your request. Once completed please place it in an offering basket or hand it to Jared Clary

Amount requested. _____

Nature of request.

Briefly describe your involvement with the Ministry:

Ministry Funds- please describe the ministry and why you believe this ministry should receive funds:

Contact Information Please provide accurate contact information so that we may contact you with any questions regarding your request.

Date: ____/____/____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____