



Grace Lutheran Church Foundation

Request for Payment of Matching Funds

Date: _____

Organization or Person Requesting Funds: _____

Contact information (name, phone, email): _____

Address: _____

Project: _____

Please provide the following information, add additional sheets if necessary:

If matching funds following a fundraiser –

Event cost information, please itemize.

Donations, funds raised, income source information.

Amount of funds being requested.

If matching funds to donations –

Date, initials of donor and amount of each donation.

Amount of funds being requested.

Additional information if any: _____

Signature

Place completed form with requested information in the Foundation box in the Church office.
Or email information to foundation@grace97330.org

Thank you.