

Bethany Lutheran Church Trust Fund

Request Form

Please submit completed form by fax, email or mail.

Fax: 715-234-9029 • **Email:** bethany@bethanyricelake.org • **Mail:** 35 W Messenger Street, Rice Lake, WI 54868

Date Request Submitted: _____

If the request is granted, who should the check be written to and where should it be mailed?

Who is making the request?

Name and address of recipient:

Name: _____

Phone: _____

Email: _____

Please describe the request and how the funds will be used.

Please explain how this request fits the guidelines to “support Bethany’s mission work beyond the operational budget.”

Amount Request: _____

Total Cost of Project: _____

If this request is a portion of the total project, please describe how the remaining funds will be raised to complete the project.

Action Reported by the Trust Fund Committee

Date Reviewed: _____

Approved:

YES

NO

If Approved: Check # _____

Amount: \$ _____

Comments:

Signature of Trust Fund Committee Secretary: _____