

Our Saviour's Endowment Committee Application for Funds

Please check one:

Capital Improvement Community Outreach Missions

Please check one:

Committee Individual Organization Event Other

Date of Application _____

Applicant Information

Organization/Committee: _____ Contact Person: _____

Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email _____

Member of OSLC: Yes No If No how did you hear about us? _____

If an event are there any co-sponsors? _____

Funding Amount Requested: _____

Description of how funds would be used if awarded:

Return Completed Form to Our Saviour's Lutheran Church Office

Our Saviour's Lutheran Church, 19001 Jackson St. NE, East Bethel, MN 55011

Phone: 763-434-6117 Email: admin@oursavioursclc.org

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Endowment Committee Use Only

Check # _____ Amount Approved: _____

Capital Improvement Community Outreach Missions