

First Evangelical Lutheran Church  
Findlay, Ohio

## ENDOWMENT COMMITTEE FUNDING REQUEST

### Contact Information

Today's Date: \_\_\_\_\_

1. Church Committee/Group: \_\_\_\_\_

2. Contact Person(s) with Phone Number(s) and email address(es):  
\_\_\_\_\_  
\_\_\_\_\_

3. Sponsor Signature: \_\_\_\_\_

(Committee Chairperson or Council President)

### Project / Program Information

1. Name of Project / Program: \_\_\_\_\_  
\_\_\_\_\_

2. Brief Description: (attach supporting documents, contractor/supplier cost estimates, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Amount Requested: \_\_\_\_\_

4. Check Payable to: \_\_\_\_\_

5. Send Check to: (specify recipient and address) \_\_\_\_\_  
\_\_\_\_\_

#### ENDOWMENT COMMITTEE USE ONLY:

Today's Date: \_\_\_\_\_ Preparer: \_\_\_\_\_

Endowment Fund: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Endowment Recommendation Date: \_\_\_\_\_

Church Council Approval Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Paid By: \_\_\_\_\_