

**WESTWOOD UNITED METHODIST CHURCH
FOUNDATION COMMITTEE**

Funding Request

Request No. _____

Grant No. _____

Year _____

Please Complete

For Committee Use

PROJECT _____

DATE REVIEWED _____

AMOUNT REQUESTED \$ _____ DATE _____

AMOUNT APPROVED \$ _____

PAYABLE TO _____

FUND _____

CONTACT(S) _____

PAID CHECK NO. _____ DATE _____

STREET ADDRESS, CSZ _____

FOUNDATION COMMITTEE CHAIRMAN _____

PHONE _____

E-MAIL _____

CHURCH COUNCIL CHAIRMAN (if applicable) _____

DESCRIPTION AND GOAL:

PLANS, DATE(S) FOR IMPLEMENTATION:

BUDGET (Include any additional sources of funding):

Signature _____

Date _____