

**ENDOWMENT FUND of
LIVING SAVIOUR LUTHERAN CHURCH**

6817 Carmel Road
Charlotte, North Carolina 28226

REQUEST FOR FUNDS

Date: _____

Individual Completing Request: _____

Funds Requested For: _____

Address: _____

Telephone No. _____

(Day)

(Night)

1. Describe the goals of the agency/program: _____

2. Describe the project for which the requested funds would be used: _____

3. Amount Requested: \$ _____ When Needed: _____

Please return completed form to the LSLC Office or to any Endowment Committee member.

FOR USE BY LIVING SAVIOUR'S ENDOWMENT COMMITTEE

_____ Request Approved

Amount Approved: \$ _____

_____ Request Denied

(Authorized Signature)