Mary's Millennium Council 12801

Request for Funds Form

Date of Request : _____ **Amount of Funds Requested : $**_____

Organization/Ministry Requesting Funds : _____

Organization/Ministry Contact : _____ **Phone #** _____

Reason for Request : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

Organization/Ministry Authority

Disposition of Request : **Date of Disposition:** _____

☐ **Request Approved for $** _____

☐ **Request Denied / Reason for Denial :**

_____

_____

_____

_____

Signature: _____ **Date:** _____

Mary's Millennium Council Grand Knight