

REQUEST FOR ASSOCIATION FUNDS, RESOURCES or TEAMS

Church / Ministry Requested by: _____ Date: _____

Pastor of your Church knows and approves. Pastor's Name: _____

Resource Requested or Amount Requested: _____

Date needed by: _____ Assn. Category or Designated Fund: _____

Purpose for which expenditure is requested: _____

Partnering – What is your church's investment in this project? _____

How does this request fulfill your church's / ministry's purpose? _____

----- Association Use -----

Team Leader Approved: _____ Date: _____

(Church Planting, Church Strengthening, Pastoral Care, Administration)

Make check payable to: _____ Amount \$ _____

Phone Number of Payee: _____

Mail check to: Name _____

Address _____

City, State, Zip _____