

FAITH LUTHERAN CHURCH
***GROUP MISSION FUND* CHECK REQUEST FORM**

Group Name: _____

Date of Request: _____

Amount Requested: _____

Date Needed: _____

Make Check Payable to

Name: _____

Address: _____

City/State: _____

Reason for Issue: _____

Explanation and Instructions for Check Dispersal:

Requested by: _____

Approved by: _____