

**Joy Lutheran Church
Request For Distribution**

Date of Request:

Name of requestor:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Name of Organization to whom contribution would be made:

Mailing address for organization:

Name:

Street Address

City, State, Zip

Telephone

What is the purpose of the organization?

Amount of contribution requested:

How would the contribution be used?

How would this contribution further the mission of Joy Lutheran Church?

If approved, please indicate how check should be made payable:

Name:

Street Address

City, State, Zip

Request presented to MEF on _____/_____/_____ by

MEF BOARD USE ONLY

Request _____ **Approved** _____ **Denied** on _____/_____/_____

Check issued on _____/_____/_____