

**St. Pius X Financial Resource Committee
FUNDS REQUEST FORM**

Date _____

Name of organization requesting funds _____

Address _____

Contact Person _____ Phone _____

E-mail _____

Amount Requesting \$ _____

Date money is needed by _____

What will money go towards? _____

Other Funding Sources _____

Amount Donated \$ _____

** Groups/organizations may attach any additional pertinent information.*