

# Saint Thomas the Apostle Church Sacrificial Giving Program Request

OFFICE USE ONLY	
Approved _____	Disapproved _____
Amount \$ _____	
Initial _____	Date _____

Project Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Amount being requested: \_\_\_\_\_

Project Summary: (50 words or less) How and where will funds be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other sources of funding and income:

A. Actual and Approved: \_\_\_\_\_  
\_\_\_\_\_

B. Potential: \_\_\_\_\_  
\_\_\_\_\_

Please print exact wording and address for distribution of any approved funds:

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_