

Application for Tithing Grant

Resurrection Social Justice Committee

Date of Request: _____

Name of Organization: _____

Contact Person at Organization: _____

Mailing Address of Organization: _____

Phone Number of Organization: _____

Email of Organization: _____

What service(s) do(es) this organization provide? _____

Explain in your own words how this project supports the Christian principals listed under "Types of Organizations". _____

What objectives of the organization do you wish to see funded?

Amount of funds requested: \$ _____

Individual submitting this application must be a current registered member of Resurrection.

Parishioner sponsoring request: _____

Parishioner's phone #: _____

Parishioners e-mail address: _____

Please send/submit completed forms to:

Church of the Resurrection
% Social Justice Committee
4300 Asbury Road
Dubuque IA 52002

or via email to: DBQ058S3@DBQARCH.ORG