

CHURCH OF THE ASCENSION
ENDOWMENT REQUEST FORM

Request Entity/ Individual:

Name:

Address:

Phone:

Email:

Tax ID#:

Title of Project:

Amount Requested:

Dates of Project:

Description of Project, *i.e.* ministry, communities served, goals, etc.:

Signature of Person/Officer Submitting

Date:

Signature of Endowment Committee Rep:

Date:

Committee Notes:

