

Iowa East District Mission Grants Funds Request Form 2020-2022

DATE _____

NAME OF GRANT _____

AMOUNT NEEDED AT THIS TIME TO INITIATE (OR CONTINUE) GRANT \$ _____

If we cannot use the full amount at present, we will again send a request form to notify the District LWML Board when we do need more funds allocated to us. We will possibly be able to use \$ _____ on or about _____.

PURPOSE FOR WHICH FUNDS WILL BE USED:

NAME AND ADDRESS OF PERSON OR ORGANIZATION IN CHARGE OF ADMINISTERING THE FUNDS: _____

Phone _____ Email _____

NAME AND ADDRESS OF PERSON OR ORGANIZATION TO WHOM CHECK IS TO BE SENT: _____

Phone: _____ Email: _____

COMMENTS: _____

SIGNED: _____

PLEASE SEND ONE COPY OF THIS FORM TO EACH OF THESE OFFICERS

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