

Ascension Lutheran Church

Memorial Funds Request

Please read and follow the Memorial Funds Disbursement Procedure and Guidelines before filling out this request form.

Date:

Requestor(s):

Committee Chair/Group Leader/Council President Signature:

Requested Amount:

Memorial Fund Allocation:

Describe in detail, the purpose for which the funds will be used and include an itemized cost breakdown. (If needed, attach additional sheets.)

How does the use of these memorial funds honor the memory of the individual(s)?

Office Use Only

Date Requested: _____ Action Date: _____ Action Taken: Request - Funded Not Funded

Amount Requested: _____ Amount Funded: _____ Memorial Fund Line: _____

Memorial Chair Signature: _____ Finance Chair Signature: _____

Council President Signature (If applicable): _____

MIF Date: _____ Check #: _____ Request # _____