

Endowment Fund Grant Application

Church of the SAVIOUR
UNITED METHODIST

8005 Pfeiffer Road | Cincinnati, OH 45242 | 513-791-3142 | www.cos-umc.org

Amount requested: \$ _____

CONTACT (REQUESTOR) INFORMATION:

Name _____

Address _____

Phone _____ Alternate Phone _____

Email _____ Application Date _____

Member of Church of the Saviour United Methodist? Yes _____ No _____

INFORMATION ABOUT YOUR ORGANIZATION

Name of organization: _____

Date organization was founded: _____

Brief summary of the purpose of your organization: _____

Describe the need for and use of this grant funding: (Attach additional information, if necessary)

Applications must be returned to the Church Office

Name and Address for check, if funds are approved: _____

FUND COMMITTEE USE ONLY

Date grant approved _____

Amount approved \$ _____

Date grant denied _____

Endowment Committee Chair

Signature _____

Name _____

Source of funds:

Missions fund \$ _____

General fund:

Missions \$ _____

Building \$ _____

Miscellaneous \$ _____