

Name _____

Phone _____

Signature of

Requestor _____

Turn application into church office – Attn: Christian Action Committee



Office Use Only

Request Granted _____

Amount Given _____

Request Declined _____

Fund Released From _____

Need More Info _____

Date to be Paid _____

Initials of Committee Chair or Admin Pastor _____ Date _____

Initials of Bookkeeper when check written _____ Date _____

One copy of approved form and check to CA committee, one copy for church files.