

Grace Lutheran Church (ELCA) Endowment Fund
Grant Request Form

(Type or print clearly)

Date: _____

Organization Requesting Grant: _____

Check Payable To (If different): _____

Contact Person for Organization Requesting Grant: _____

Endowment Board Member (Optional) Sponsoring the Request: _____

Phone: _____ E-mail: _____

Address: _____

Amount of Grant Requested (typically no more than \$1,000): _____

Describe the proposed use of the grant (attach separate sheet if desired): _____

Return to: Grace Lutheran Church Endowment; 303 Green Bay Rd; Thiensville, WI 53092;
Phone: 262 242 1174; [E-mail: padmin@grace53092.org](mailto:padmin@grace53092.org)

For office use only:

Date Received: _____

Date Acted On: _____

Amount Approved: _____

Date Disbursed: _____