

**Grace Lutheran  
Members in Need Request Form**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Are you a member of Grace Lutheran? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Purpose of Funds (Be Specific)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you view this request as temporary?** \_\_\_\_\_

**Have you already accrued the expense?** \_\_\_\_\_  
**If yes, please provide a receipt.**

**Are you the primary income provider?** \_\_\_\_\_  
**If other sources of income, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dollar amount requested:** \_\_\_\_\_

**When are the funds needed?** \_\_\_\_\_

**Where you referred for funds by another Grace Lutheran  
Member?** \_\_\_\_\_ **If yes, Who?** \_\_\_\_\_

**I understand that this request is kept confidential and will be reviewed  
by Members in Need Committee.**

**Name:** \_\_\_\_\_  
**Print**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_