

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 of your household? _____

If other sources of income, please explain:

Dollar amount requested: _____

When are the funds needed? _____

Were you referred for funds by a Grace Lutheran member? _____

If yes, by whom? _____

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

Name (print): _____

Signature: _____ Date: _____

Please email this form to pastor@glcwen.org or mail to 1408 Washington Ave. Wenatchee, WA 98801