

REQUEST FOR MEMORIAL FUNDS

Your request will be reviewed by the Memorial Committee to determine if the use meets the criteria of fund categories. If the use meets criteria and the Memorial Committee recommends proposal, the request is assigned to a Memorial Fund. The requestor will be notified within 5 days of the decision of the Memorial Committee. The Memorial Committee will present recommended uses of Memorial Funds to Council. The Memorial Committee has the responsibility to assure all memorial gifts donated to St. Peters Evangelical Church are disbursed in a manner that is consistent with the wishes the donor(s).

Forms are available in the church office.

Requested by _____ **Date** _____

Request funds to be paid to _____

Persons/organization who will benefit from funds:

How will funds be used:

How will this use benefit St. Peter's :

\$ Amount Requested : _____

Memorial Committee reviewed request on: _____

and the request was _____

. recommended/not recommended

Signature of Memorial Committee Member

Specific Memorial Fund moneys will be deducted from :

Fund category(circle one): Unrestricted - Temporarily Restricted -
Income from Permanently - Restricted

Church Council _____ **Date** _____
approved/disapproved

Signature of Church Council Officer

RECORD OF PAYMENT OF MEMORIAL FUNDS

CHECK NO. :

DATE :

*PAYABLE To :

Address for mailing

SIGNATURE/TITLE OF PERSON RECEIVING CHECK and delivering or writing transmittal letter:

SIGNATURE : _____

When record of payment is completed the original goes to the Administrative Assistant and a copy goes to the Memorial Committee to retain as a permanent Record.

Donor restricted funds

- Mission
- Memorial
- Seminarian
- Youth
- Capital Improvements

*Checks should not be made out to individuals