



LUTHERAN WOMEN'S MISSIONARY LEAGUE  
NEBRASKA DISTRICT-SOUTH  
SPECIAL GIFT FUND

**Request for Funds**

Amount requested: \$ \_\_\_\_\_

Date of Request: \_\_\_\_\_

Estimated total cost of project: \$ \_\_\_\_\_

**Date of project:** \_\_\_\_\_

**Describe the project / program for which funds are requested.**

**Name, address, phone number (and email) of sponsoring organization. (Include the person responsible for the completion of the project/program)**

**What other sources of funding have you attempted and secured?**

Submitted by: \_\_\_\_\_

If awarded funds, checks should be made payable to: \_\_\_\_\_

(You may be contacted after the completion of your project to submit pictures/feedback for publication in other LWML news items)

Committee use only:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_