

St. Paul's Evangelical Lutheran Church Mission Endowment Fund Distribution Request Form

About the Fund

The St. Paul's Mission Endowment Fund makes distributions to support ministries beyond the scope of day-to-day operations of the church. These can include, but are not limited to: pastoral guest, education grants for individuals interested in a career in ministry, community giving (Lutheran and non-Lutheran), special programming (e.g. musical guests, outreach, etc.), support of extraordinary events within the congregation.

Fund Distribution

Requests for funds are reviewed four times a year, on the second Sunday of the month in March, June, September and December at the discretion of the Endowment Committee. Funds available for distribution vary as amounts are based on earnings/dividends derived from gifts/bequests.

Submitting a Request for Funds

So that the Committee can consider your request for funds, please complete the form below. Please attach any supporting documentation (i.e. invoices, program overview, etc.) as applicable. Once complete, please mail/deliver to:

St. Paul's Lutheran Church
c/o Endowment Committee
8227 Hamilton Boulevard
Breinigsville, PA 18031
office@stpaulsbyville.org

Submissions should be received at least one month prior to the next meeting date to allow ample time for committee review and consideration. For more information, or to receive clarification on the form or process please contact the church at 610-398-7000.

General Information

Request Date _____

Requestor _____

Address _____

Phone _____

Email _____

Request Amount \$ _____

Multi-Year Request

One-time Gift

If multi-year, please indicate duration and an estimate of funds required for each future period.

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Mission Endowment Fund Distribution Request Form**

Request Description

Please outline the purpose of the distribution request (project/event name, date, how support will be used, etc.) _____

Organization or Individual to Benefit from Distribution: _____

Will the distribution requested provide total funding required?

Yes No

If no, please note total need and indicate other funding being considered

Please explain what impact this initiative will have on our community or congregation.

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Please note any other pertinent information you would like the Committee to consider.

For Committee Use Only

Endowment Committee Request # _____

Date Received: _____

Committee Review Date: _____

Reviewed By: _____

Please list all committee members reviewing request

Decision Summary:

Approved Declined

Dollar Amount \$ _____

One year Multi-year

If multi-year, please indicate term _____

Notes _____

Date Requestor informed of decision _____

Informed by: _____