



LADIES AUXILIARY

Mary's Millennium Council 12801
Funds Form

Date of Request _____

Amount of funds requested \$ _____

Funds needed by date _____

Organization/Ministry requesting funds _____

Organization/Ministry Contact _____ Phone # _____

Specify your reason for request:

Will you be requesting funds from the Knights of Columbus? yes___ no___ don't know___
If yes, for how much? _____

Please return the completed form to St John the Evangelist Administration Center
offices @ 502 S Park, Streamwood, IL 60107

Disposition of request: _____

Date of disposition _____

Request approved for \$ _____

Reason for denial:

Signature _____

President Ladies Auxiliary 12801

6/22/2011