



# 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

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Disposition of request: \_\_\_\_\_ Date of disposition \_\_\_\_\_

Request approved for \$ \_\_\_\_\_

Reason for denial:

Signature \_\_\_\_\_

President Ladies Auxiliary 12801