



CHAPEL OF THE CROSS

Request for Donation

Name of Agency _____

Address _____

Phone _____ Email Address _____

Executive Director _____

This proposal contains a request for allocation from Chapel of the Cross in the amount of \$ _____. The attached budget information and request were approved by the Board of Directors of this organization.

Completed by _____

Title _____ Date _____

In the space below, describe the reason(s) for making this request. Include a description of the population served, the number of people served, and how the money will be used (ex: what specific project will be funded). Please include a brochure and a copy of the annual report. Use an additional page if necessary.

This form must be completed and received in the church office in order to be considered for funding. If returning the form by mail, please mail to:

Social Ministry Committee
Chapel of the Cross
304 East Franklin Street
Chapel Hill, NC 27514