

Distribution Application



Date of Request: _____ Amount Requested: _____

Name of Avon UMC Committee/Team requesting the distributed funds:

Describe the project or use of the requested funds, in the current calendar year.
(Add additional lines, or continue on back if needed.)

Signature of committee chairperson, email address, and phone number, if available:

_____ Phone: _____

Email address: _____

Completed applications may be left in Endowment Committee Chairperson's mail slot or emailed on or before March 31st. Each application will be acknowledged upon receipt by the Endowment Committee Chairperson. If you do not receive a receipt acknowledgement in 3 days, please contact the Endowment Committee Chairperson.

Application Action:

Approved: _____ Declined: _____

Amount approved: _____

Endowment Fund Chair signature and date: _____

Copy of completed form to Avon UMC Business Manager: _____

December 14, 2017