Distribution Application



Date of Request:	Amount Requested:
Name of Avon UMC Committee	/Team requesting the distributed funds:
annual Church budget. Awarded	the requested funds which should not be part of the current I funds need to be spent in the current calendar year. Please Iditional funding. Include detailed vendor or contractor estimates I additional pages as needed.
_	n chairperson, email address, and phone number:
	Phone:
Email address:	
• • • •	the Endowment Fund Chair or leave in Endowment not receive acknowledgement in 3 days, please contact the
Committee Action: Declined:	or Amount approved
Endowment Fund Chair signatur	re and date
Conv of completed form to Avoi	n HMC Business Manager