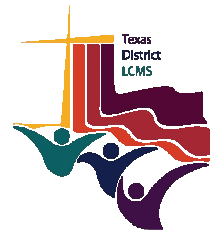


Disaster: Funding Assistance Request



NAME _____

ADDRESS _____

PHONE NUMBER _____ (include area code)

Church Membership _____

Church City _____

Contact person at the church: _____

FUNDS FOR _____

AMOUNTS Requested: Minimal: \$ _____ Maximum: \$ _____

SIGNATURE _____

DATE _____

Fax completed form to: Dr. Lou Jander, 281.970.5309 or

Email completed form to: Dr. Lou Jander, ljander@txdistlcms.org

| |
|---|
| <p><u>Office:</u> Date Received: _____ Date Disbursed: _____ Amount Disbursed: \$ _____</p> |
|---|