

TRINITY UMC PUMPKIN PATCH CHARITY NOMINATION FUND REQUEST FORM

COMPLETED FORM DUE TO TRINITY OFFICE BY August 2, 2021

CONTACT CAROLYN BRASHEAR AT 224-2531 WITH QUESTIONS

Applications must be submitted by a Trinity member. Organization must be a non-profit organization.

Form must be completed in full for consideration. Add any other comments on the back side.

Member's Name: _____ **Cell Phone Number:** _____

Involvement with the Charity: _____

Official Name of Charity: _____

Contact Person at the Charity: _____ **Contact's Cell Number:** _____

Contact Person's Email Address: _____

Charity's Mailing Address: _____

Charity's Phone Number: _____ **Charity's Website:** _____

Describe charity's mission - services, for whom, where (charity's outreach), how many are served, etc.

Are other Trinity members involved? How? _____

How does this charity impact the community? How does this charity uphold Trinity's mission? _____

Why does the charity need these funds? What difference will the funds make? What is the main source of funding? _____
