

**TRINITY UMC PUMPKIN PATCH CHARITY NOMINATION FUND REQUEST FORM**

**COMPLETED FORM DUE TO TRINITY OFFICE BY August 1, 2022**

**CONTACT KATHRYN BARIOU AT 224-2531 WITH QUESTIONS**

**Applications are to 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.**

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**Are other Trinity members involved? How?** \_\_\_\_\_

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**How does this charity impact the community? How does this charity uphold Trinity's mission?** \_\_\_\_\_

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

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