

Montana District LWML Mission Grant Proposal Form
Directory of Grant Personnel
(12 copies needed)

Name of Project: _____

Amount Requested: _____

Submitted by: (Please check one) LWML Member ___ LWML Society ___ Other _____

Name of Submitter or Society President: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____ Congregation: _____

Name of Zone LWML President: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Signature: _____

Name of Zone LWML Counselor: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Signature: _____

Grant Administrator: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Fund will be sent to: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____