

NATIONAL 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 LWML District

Name of Submitter: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

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

Name of District LWML President: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Signature: _____

Name of Synodical District President: _____

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: _____