

Sardis Presbyterian Church
Request for Financial Assistance
2019

Date of Application _____ (due September 30, 2018)

Name of Organization _____

Address _____

City, State _____ Zip _____

Contact Person _____

Telephone _____ Email _____

Amount of Assistance Requested \$ _____

Percentage of Annual Budget for Administration _____ %

Percentage of Annual Budget for Client Services _____ %

What is the overall mission of your organization? _____

Specifically, how will the requested financial assistance be used? _____

Do you currently have a volunteer or financial connection with Sardis Presbyterian Church? If so, please describe. _____

******Please include documentation of your tax-exempt status with this application.******

Return completed application and supporting documents by email to missions@sardis.org.