



Missions Committee Application for Funding

(Please Print Clearly in blue or black ink)

Applicant Name: _____ Date: _____

Name of Ministry, Mission or Sponsor Group: _____

Employer Identification Number (EIN), if applicable: _____

Specific Account number, if applicable: _____

Applicant's Daytime Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Mailing Address (street, city, state, zip): _____

Please attach separate document describing the project, mission, or activity you are requesting funding from Mount Auburn Missions Ministry.

Total cost or annual budget of this project, mission, or activity (may be an estimate): \$ _____

Amount of funding requested: \$ _____

Is this an annual request or a one-time request? _____

If one time, date or time period this project, mission, or activity will take place: _____

How many people do you anticipate will benefit from this project? _____

How does this enhance the mission of Mount Auburn Church?
(please attach separate document, if needed)

Have you requested from any other Mount Auburn Committee? _____

Signature of Applicant

Date

Please email the following to missions@mountauburn.church

- Copy of application
- Description of project, mission, or activity
- Logo/image/photo of applicant