



## MISSION DISCRETIONARY FUND REQUEST FORM

Please be aware that requested funds are subject to approval. Approval may take up to 14 days. These funds are a church discretionary grant. When you are no longer in need, please consider a future gift to the church using the self-addressed envelope attached. If you have any questions, please call or email at [karin@emanuel-ucc.org](mailto:karin@emanuel-ucc.org) or (414)425-1515.

**Instructions: Please answer all of the questions and submit to the church office at address below. Use the reverse side of this form or attach additional sheet if necessary.**

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Employer (including address & contact number) \_\_\_\_\_

Other sources of income \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ Please list other assistance requested \_\_\_\_\_

Please list your reason for requesting funds along with an itemized amount below.

Please list bills or services that these funds will be used for along with current mailing address below.



EMANUEL CHURCH, Hales Corners  
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