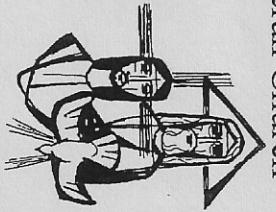


**Christian Care
Disbursement Request**

Trinity Lutheran Church
Teaching
Learning
Caring



*Important Note: To safeguard
privacy please place this request in a
sealed envelop and place it in Pastor's
mailbox.*

Requests may be made by any member of Trinity Evangelical Lutheran Church in good standing. Requests may be made for anyone in the local community. (i.e. Creston, Afton, Lenox, etc.)

Requested by (Trinity Member): _____
Phone Number: _____

Requested for: _____
Address: _____

Phone Number: _____

Amount Requested: _____ (maximum \$1000)

Date Needed: _____

Reason for Request: _____

Special Circumstances: _____

