

**TRINITY UMC PUMPKIN PATCH FUND REQUEST
COMPLETED FORM DUE TO TRINITY OFFICE BY July 24, 2016
CONTACT CAROLYN BRASHEAR AT 224-2531 WITH QUESTIONS**

Applications are to be submitted by a Trinity member.

Organization must be a non-profit organization.

Your Name: _____ **Your Phone Number:** _____

Recommended Charity: _____

Charity's Address: _____ **Phone:** _____

Describe the mission of the charity. How many people are served by this charity?

How are you involved?

Are other Trinity members involved? How?

How this charity impacts the community? How does this charity uphold Trinity's mission?

Why does the charity need these funds? What difference will the funds make? What is the main source of funding?