

**ZION'S MISSION ENDOWMENT FUND  
REQUEST FOR DONATION**



Name of applicant (project/organization, etc.): \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

If applicable, who is the Zion sponsor? Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Total Project cost: \$ \_\_\_\_\_ Amount of request: \$ \_\_\_\_\_

Who will benefit from this donation? \_\_\_\_\_

Please describe how this donation will be used \_\_\_\_\_

How do you see this project connecting with the mission of Christ in our congregation,  
community, or world? \_\_\_\_\_

Please note: **Application deadline is June 1.** Return to Zion Lutheran Church, 2714  
James St., Marinette, WI 54143

Dependent upon the request, we may contact you for more information. We expect  
decisions to be made by September 1 and will notify all applicants.

Signature \_\_\_\_\_ Date \_\_\_\_\_