

DIRECTORY OF GRANT PERSONNEL
(17 COPIES NEEDED)

NAME OF PROPOSED GRANT _____
AMOUNT REQUESTED _____

SUBMITTED BY: LWML Member ___ LWML Society ___ LWML Zone ___ LWML District ___
(check one)

NAME OF SUBMITTER (must be in LWML) _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE _____ CONGREGATION _____
E-MAIL _____

NAME OF DISTRICT LWML PRESIDENT _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE (_____) _____ E-MAIL _____

➤ **SIGNATURE** _____

NAME OF DISTRICT SYNODICAL PRESIDENT _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE (_____) _____

➤ **SIGNATURE** _____

GRANT ADMINISTRATOR _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE (_____) _____
FAX (_____) _____
E-MAIL ADDRESS _____

FUNDS WILL BE SENT TO: _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE (_____) _____ E-MAIL _____
FAX(_____) _____