

CAPEL ST MARY METHODIST CHURCH  
*Fund for Need - Proposal for Support/Approval Form*

PROPOSAL BY;

Name:

Address:

Phone:

e-mail;

INDIVIDUAL OR ORGANISATION PROPOSED FOR SUPPORT

Name:

Address:

Phone:

e-mail;

BACKGROUND TO PROPOSAL FOR SUPPORT:

SUGGESTED AMOUNT OF SUPPORT: £

APPROVALS

We approve a payment of £                      to the named individual/organisation

Minister/Steward

Signed.....Date.....

Treasurer/Asst Treasurer

Signed.....Date.....

PAYMENTS WILL BE MADE BY CHEQUE UNLESS A CASH PAYMENT IS SPECIALLY REQUESTED, IN WHICH CASE A RECEIPT WILL NEED TO BE OBTAINED FROM THE RECIPIENT