

Soapstone UMC Donation Matching Application

Application Date: _____

Group submitting application: _____

Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Beneficiary Organization receiving Donation:

Beneficiary Organization Mission/Purpose:

How will Matching Funds be Raised:

Amount to be Raised: _____ Amount to be Matched (max \$250): _____

Date Funds will be Disbursed: _____