HELPING HANDS

WNCC LAY ORGANIZATION OUTREACH PROGRAM REQUEST FOR ASSISTANCE

DATE: _____

CHURCH NAME:

_____

ADDRESS:

_____

_____Zip:_____

PASTOR: _____PHONE:_____

CHURCH CONTACT: _____ PHONE: _____

FINANCIAL ASSISTANCE: Funds to assist in completing a project

BRIEF DESCRIPTION OF WORK TO BE COMPLETED

_____

FINANCIAL NEED FROM LAY OUTREACH: $_____**DUE DATE**: _____

Signature
Pastor /Trustee: _____ Date: _____