

Stewardship Request Form

Date: _____

Name: _____

Address: _____

Email: _____

Phone#: (Home): _____ (Cell) _____ (Work) _____

1. Are you a member of Trinity Lutheran Evangelical Church, Boonsboro, MD ? • Yes • No

2. Are you a South County Resident, Washington County, MD ? Yes NO

Briefly, explain your financial hardship?

Total amount of funds being requested:

Official Use Only:

Date: _____

Request approved or denied.

Committee Members Signature:

