



# Holy Cross Lutheran Church Memorial Gift Request Form

Date: \_\_\_\_\_

Group/Individual Requesting Funds: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Item Requested: \_\_\_\_\_

Cost of item: \_\_\_\_\_

(please attach estimates/bids if available)

Description of Item: \_\_\_\_\_

\_\_\_\_\_

How often will it be utilized? Who will benefit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*The Memorial Gift Board meets quarterly, in March, June, September and December.

*Please return this form to:*

*Memorial Gift Board  
Peg Schneider – chairperson*

*OR*

*Fax to or drop off at the church office .*

*Fax # 402-571-3363*