

**SAINT ANASTASIA CHURCH**

460 Lake Street

Hutchinson Minnesota 55250

Phone: 320/587-6507

Fax: 320/234-6756

Application for the Tithe - Organization

Name of Organization \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Are you a non-profit organization? \_\_\_\_\_

Amount requested \_\_\_\_\_ Number of people who will benefit \_\_\_\_\_

Purpose or need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will funds be used to aid poor? Be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your program promote self sufficiency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you agree to furnish the Social Concerns Committee of St. Anastasia Church with a report of how the funds were used within 12 months of receipt of funds?

\_\_\_\_\_

Name of person who will submit the report

\_\_\_\_\_

How did you hear about our Tithing Program?

\_\_\_\_\_

\_\_\_\_\_

What percentage of your budget goes to direct service? \_\_\_\_\_

To overhead? \_\_\_\_\_

Please attach a copy of your current budget to this request.

Name \_\_\_\_\_ Date \_\_\_\_\_

