

Financial Assistance Request

Complete & Submit to wmab@nccsda.com. Requests must be signed by both the leader & the pastor.

Your Name: _____

Email: _____

Your Leadership Role: _____

Event: _____

Phone: _____

Church Name: _____

Date: _____

Description of Event with details of budget:

Estimated Total Cost: _____

Source of Funding:

Offerings/fees: _____

Church _____ (church funds & offerings to equal 60%)

Other Sources _____

Please list: _____

Requested Amount: _____

(40% of budget — \$600.00 maximum)

Total Budget: _____

In an attempt to support and encourage Women's Ministries events in the Northern California Conference, financial assistance from the Women's Ministry Department will be available for local church events ONCE each year. To receive your check prior to your event, **this form must be received 60 days prior to the event** by the Women's Ministries leader and supported 0he event Tj)Tj3Tf(Requ)TjrchesPtTj)j)Tj(the)Tj)Tj()Amour by