

**United Methodist Women
Request for Donation
2011**

Request submitted by: _____
(name/position)

Beneficiary organization: _____

Amount requested: _____

Purpose (please be specific):

Do you know if this organization has received support from UMW in the past? (Check one.)

YES NO DON'T KNOW

If your request is approved, please indicate to whom the check should be made payable and where it should be sent.

Make check payable to _____

Check to be sent to _____

This completed request must be received no later than November 11, 2011.

Form may be either mailed to:

St. Luke's United Methodist Women, 100 W. 86th Street, Indianapolis, IN 46260,
or placed in the United Methodist Women's mailbox in the Communication Center by the office,
or emailed to **umw@stlukesumc.com**