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Community Service Team Request for Funding Care Abounds in Communities®

When completed, send to the chapter leader contact at least 60 days in advance of the activity. Do not send to Thrivent Financial, Completion of this form does not ensure that funds will be granted. Section 1 - Chapter Leader Information To find a chapter leader, go to Thrivent.com > Locate a Chapter. Name of chapter West Lane Chapter of Thrivent Financial Name of chapter leader contact Pat Dawley State ZIP code City Address of chapter leader OR 97487 25754 Jeans Rd Veneta Email Phone (including area code) ChristLutheranVeneta@gmail.com 541-915-2104 Section 2 - Recipient Information Type of recipient (select one): Sponsored group of individuals Congregation □ Lutheran not-for-profit organization Named individual/family Non-Lutheran not-for-profit organization Note: The recipient is the person or organization that will benefit from the activity, not the person being reimbursed for supplies or the person requesting the funds. Name of recipient or organization **Christ Lutheran Church Vacation Bible School** ZIP code Address of recipient City State OR 974877 Veneta 25157 Luther Lane Phone (including area code) **Email** ChristLutheranVeneta@gmail.com 541-935-1335 Type of need (select one): Utility Cash assistance Equipment □ New construction Youth/Student Food/Hunger Religious/Worship ☐ Disaster assistance ☑ Other - Christian outreach Rent General living expenses Education to children of the Health/Medical Repairs/Maintenance ☐ Elderly community ☐ Supplies Environment Indigent Section 3 - Community Service Team Contact Information Name of community service team contact Merna Koerschgen ZIP code State City Address OR 97437 Elmira PO Box 311 Email Phone (including area code) amkoerschgen@gmail.com 541-935-4032

Section	4 – Acti	vity Information					
Type of	activity (select one):					
⊠ Fund	Iraising						
☐ Hand	ds-on ser	vice activity - involves volunteer labor to asse	mble, develop, or im	prove something f	or an ide	ntified recipien	
Note: Cl	hapters n	nay also use Care Abounds in Communities [®] Го learn more, contact your chapter leadershi	funds to bring memi	•		•	
☐ Yes	⊠ No	Is pre-funding needed? If yes, provide name	e and address:			 -	
Name o	f payee fo	or pre-funding	-				
		10.3/					
Address of payee			City		State	ZIP code	
Propose	ed name	of activity	Proposed date	1	<u> </u>		
		ore (rummage & plant sale) Estimated number of vo			r of volur	iteer hours 250	
		vity detail, location, time, and how you plan to	1	embers.			
Women	of Christ	Country Store is our annual garage sale that T			e and co	nduct to raise	
Describe	e the pur	oose for which funds will be used (e.g., paintir	ng, making repairs, r	medical expenses,	etc.).		
		al Vacation Bible School in August 2015					
Publicity from the Promotic	chapter	ed, to demonstrate that this activity is hosted board and on Thrivent.com > Member Involve	by a Thrivent Financement > Member Le	cial service team. F ader Resources > 0	Resource Commun	s are available ication and	
What pu	iblicity is	planned for this activity? Describe in detail.					
Advertis	ed in the	Register Guard and Fern Ridge Review, Craig	slist and bulleting ins	serts			
Estimated cost of hands-on service activity expenses or estimated funds that will be raised, rounded to the nearest dollar.						\$ 2,000	
Total amount requested from the Thrivent Financial chapter - includes pre-funding amount, if applicable, rounded to the nearest dollar (\$100 minimum). Pre-funding available for hands-on service activities only.						\$ 1,000	
Estimated number of Thrivent member households who are actively involved in planning, preparing for, or working at the activity.						8	
Section	5 – Fund	ding Information					
☐ Yes	⊠ No	Are you requesting funds from other chapters? If yes, list chapter name(s) -					
☐ Yes	⊠ No	Are you cohosting this activity with another of	ou cohosting this activity with another organization?				
	_	If yes, list organization(s) -					
☐ Yes	⊠ No	Does this activity involve a raffle? If yes, contact the chapter leader for additional information.					
	_	ning and tax laws, Thrivent Financial does not	•			11.	
Return to Disclose activity.	his form t e Informa	to the chapter leader contact (listed at the top ation (form 21156, or form 21157 for juvenile	of this form), and has) to be submitted to	ave the recipient sign the chapter leade	gn the Pe r contact	ermission to prior to the	