

**COMO PARK LUTHERAN CHURCH  
TRUST FUND GIFT REQUEST**

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

Name (please print): \_\_\_\_\_

Member of Como Park Lutheran Church       Yes       No

Contact information: Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Name of recipient: \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

Purpose (how will the funds be used): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the recipient benefit from this gift: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline for submission – September 30<sup>th</sup>

Completed forms may be left at the Welcome Desk, placed in the Trust Fund pick-up box or mailed to:

Como Park Lutheran Church  
Attn: Trust Fund Committee  
1376 Hoyt Ave W  
St. Paul MN 55108