Channing Memorial Church
Margit Baum Charitable Fund

Application for Gift

Note: As specified in the bequest: All disbursements will be made for the "assistance, care and relief of poor and needy persons in said city of Newport."

Date of Request ___/___/___

Recipient Name _____

Recipient Address _____

_____

_____

Date needed : ___/___/___

Amount Requested **$** _____

Payable to: _____

USE AN ADDITIONAL SHEET TO COMPLETE THE FOLLOWING: **REQUIRED Information:**

1. **Is this the first time you have requested MBCF funds? Yes No (If yes, please include a description of your organization and goals.)**
2. **List other sources of funding.**
3. **Describe specific need for support from Margit Baum Charitable Fund.**

I understand that upon completion of this project, a brief report should be submitted to the MBF Committee at the address below.

_____ ___/___/___ _(_____)_____-_____

Requested by - Signature **Date** **Contact phone number**

Print Name _____

Internal Use Only

MBCF Approval: _____ **Date:** _____

Minister or President of Governing Board Approval:

_____**Date:** _____

Information within this application will be held in confidence, subject to applicable law. All applications are subject to approval by the Margit Baum Charitable Fund Committee of Channing Memorial Church.

Send completed application to: Margit Baum Charitable Fund
Channing Memorial Church
135 Pelham Street
Newport RI 02840