

**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. **What is your specific plan for how these funds will be used for the assistance and relief of the poor and needy of Newport?**

**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