

**Messiah Lutheran Church**  
**Request for Funds**

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

Payee of Check: \_\_\_\_\_

Committee requesting funding: \_\_\_\_\_

Purpose of check: \_\_\_\_\_

Amount: \_\_\_\_\_

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Authorization-Signature of Council Rep

Messiah Lutheran Church  
7740 Hwy 72 West Madison, AL 35758  
256-721-0041