

Shasta Baptist Association

REQUEST FOR ASSOCIATION FUNDS, RESOURCES or TEAMS

Church / Ministry Requested by: _____ Date: _____

Pastor of your Church knows and approves. Pastor's Name: _____

Resource Requested or Amount Requested: _____

Date needed by: _____ Category or Designated Fund: _____

Purpose for which expenditure is requested: _____

Partnering – What is your church's investment in this project? _____

How does this request fulfill your church's / ministry's purpose? _____

----- **Association Use** -----

Team Leader Approved: _____ Date: _____

(Church Sending, Church Strengthening, Staff Development, Administration)

Make check payable to: _____ (phone #) _____

Mail check to: (Name) _____

(Address) _____

(City, State, Zip) _____