



HOLY FAMILY
CATHOLIC CHURCH

Holy Family Catholic Church

Human Needs Committee Donation Request Form

Agency Name and Address: _____

Contact Person: _____

Phone: _____ Email: _____

Agency Mission: _____

What kind of support are you seeking? Monetary _____ Other _____

If monetary, please include the amount requested: _____

Does your agency participate in Giving Hearts Day? Yes _____ No _____

If yes, do you wish the funds dispersed on Giving Hearts Day? Yes _____ No _____

Detailed Description of how the funds or the other needed items will be used: _____

When will the event occur? _____ What date is the request needed? _____

Signature: _____ Date: _____

*** Please note that the Human Needs Committee will review applications quarterly.

Please submit completed forms to: Human Needs Committee
Holy Family Catholic Church
1018 18th Ave. S.
Grand Forks, ND 58201

For office use only: Date rec'd _____ Action taken: _____