

Total Ministry Funds Disbursement Request

Date _____

Your Name _____

Mailing Address _____

_____ Zip code _____

Name of Congregation _____

Reason for purchase/request _____

I would like (check one)

to be reimbursed for a purchase I made. (Please enclose copy of receipt clearly showing payment.)

a payment to be made. (Please include registration form, invoice, etc.)

Return this form and additional materials and/or address questions to:

Nancy Ann McLaughlin, Ministry Developer

4800 Woodward Ave.

Detroit, MI 48201

313-833-4421

nmclaughlin@edomi.org