

**Columbia Community Center of SDA**  
**Fund Request Form**

Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_

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

\_\_\_\_\_  
Department Leader Name (Print Above)

\_\_\_\_\_  
Signature (above)

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

Requests will be filled within a week, subject to  
availability of funds

Purpose: \_\_\_\_\_

\_\_\_\_\_  
If Outreach Evangelism, attach Ministry  
Planning form For Approval

\_\_\_\_\_  
Recipient Name (Print above)

\_\_\_\_\_  
Signature (above)

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

Let's try to avoid doing transactions on  
Sabbath Hours

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