



### LWML GRANT RECEIPT FORM

NAME OF THE GRANT \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

AMOUNT OF CHECK RECEIVED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*This service that you perform is not only supplying the needs of the Lord's people but is also overflowing in many expressions of thanks to God. 2 Corinthians 9:12 (NIV)*

Return to: **Name & Address**; LWML District Vice President of Gospel Outreach



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