

**SAINT ANASTASIA CHURCH**  
460 Lake Street, Hutchinson Minnesota 55250  
Phone: 320/587-6507 Fax: 320/234-6756

Application for the Tithe - Organization

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is this a non-profit organization? \_\_\_\_\_

Amount requested \_\_\_\_\_ Number of people who will benefit \_\_\_\_\_

Purpose or need \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will the funds be used? Be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your program promote self sufficiency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you agree to furnish the Tithing Committee of St. Anastasia Church with a report of how the funds were used within 12 months of receipt of funds? \_\_\_\_\_

Name of person who will submit the report \_\_\_\_\_

How did you hear about our Tithing Program? \_\_\_\_\_

What percentage of your budget goes to direct service? \_\_\_\_\_ To overhead? \_\_\_\_\_

**Please attach a copy of your current budget & bank statement/balance sheet to this request.**

Name \_\_\_\_\_ Date \_\_\_\_\_