



EVANGELISM REQUEST FORM 2024 ILLINOIS CONFERENCE

Please fill out this form completely and send to pbraman@ilcsda.org.

Pastor

Date

Church Name

Amount of Funds Requested

Church Name

Amount of Funds Requested

Church Name

Amount of Funds Requested

Church Name

Amount of Funds Requested

Church Name

Amount of Funds Requested

Total District Funds

FOR OFFICE USE ONLY

Date of Request:

Approved by:

Date Distributed:

Amount Distributed: