

**Luverne Area Community Foundation
Request for Funds**

Organization	
Address	
Contact Person	
Amount Requested	\$
Date Needed	

(Office Only)

Fund ID # _____

Project Description:

Does this request for funds support or further the purpose of the fund and the tax-exempt purposes of LACF? The grant dollars must be sent to the holder of the 501©3 or entity recognized by the IRS. No exceptions.

Yes

No

Signature

Date

Please submit completed request to:

*Luverne Area Community Foundation
P.O. Box 623
Luverne, MN 56156*