



LWML South Dakota Special Gifts Request for Funds

Name of person requesting funds:

Address:

City, State, Zip code:

Organization to which the funds would be used:

Amount being requested:

Please give an explanation of what your needs are and how the money would be used.

Signed _____ Date: _____

Send request to:

Special Gifts Chairman, Vonda Sturzenbecher

6805 Woodland Dr.

Black Hawk, SD 57718; sdlutheran@gmail.com

Requests will be considered by the committee and taken to the District Board for approval.