

IOWA WEST LWML Cover Signature Sheet for Grant Proposals
(Please include copies of this signed document with each of the 10 requested proposal copies)

Please print.

Name of proposed project: _____

Amount requested: _____

Submitted by: (check one) IWD LWML member IWD LWML Society IWD LWML Zone

Project Submitter: (must be one of the above)

Name: _____ Phone: _____

Address: _____ Email: _____

Congregation: _____ Society: _____ Zone: _____

Signature: _____ Date: _____

Endorsement of IWD Society President:

Name: _____ Phone: _____

Address: _____ Email: _____

Congregation: _____ Society: _____ Zone: _____

Signature: _____ Date: _____

Endorsement of IWD LCMS Pastor or Counselor:

Name: _____ Phone: _____

Address: _____ Email: _____

Congregation: _____ Society: _____ Zone: _____

Signature: _____ Date: _____

Additional endorsement for projects outside IWD:

District LCMS President: _____ Phone: _____

Address: _____ Email: _____

District: _____

Signature: _____ Date: _____

Additional endorsements for foreign projects: (Executive Director of LCMS Board for Mission Services)

Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____