

When completed, send to the chapter leader contact. Do not send to Thrivent Financial for Lutherans.

**To be Completed by the Chapter Leader**

Name of chapter	Name of chapter leader contact		
Address	City	State	ZIP code
Phone	Email address		

**To be Completed by the Requestor**

Type of recipient (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Lutheran not-for-profit organization     | <input type="checkbox"/> Named Individual/Family        |
| <input type="checkbox"/> Non-Lutheran not-for-profit organization | <input type="checkbox"/> Sponsored Group of Individuals |

**Note:** The recipient is the person or organization that will benefit from the activity and not the person being reimbursed for supplies or the person or group requesting the funds.

Name of recipient or organization	Phone		
Address of recipient	City	State	ZIP code

Type of need (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cash assistance     | <input type="checkbox"/> Food/Hunger             | <input type="checkbox"/> Rent                |
| <input type="checkbox"/> Disaster assistance | <input type="checkbox"/> General living expenses | <input type="checkbox"/> Repairs/Maintenance |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Health/Medical          | <input type="checkbox"/> Supplies            |
| <input type="checkbox"/> Elderly             | <input type="checkbox"/> Indigent                | <input type="checkbox"/> Utility             |
| <input type="checkbox"/> Environmental       | <input type="checkbox"/> New construction        | <input type="checkbox"/> Youth/Student       |
| <input type="checkbox"/> Equipment           | <input type="checkbox"/> Religious/Worship       | <input type="checkbox"/> Other -             |

**Activity Information**

Type of activity:

- Fundraising -  
 Checks for fundraisers need to be made payable to the chapter and deposited into the chapter checking account.
- Hands-on service activity -  
 Involves volunteer labor to assemble, develop, or improve something for an identified recipient.
- Yes     No    Is prefunding needed? If yes, provide name and address.

**Note:** Chapters may also use Care Abounds in Communities® funds to bring members together for educational and member social activities. To learn more, contact your chapter leadership board.

Name of payee			
Address of payee	City	State	ZIP code
Proposed activity date	Activity name		

Describe the activity detail, location, time, and how you plan to involve Thrivent members

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Estimate volunteer hours to be contributed

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Describe the purpose for which funds will be used (such as painting and making repairs, medical expenses, etc.)

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Publicity is a very important piece of conducting chapter activities. Describe in detail how you plan to publicize this Thrivent chapter activity. Publicity materials (i.e., posters, news releases, bulletin inserts) are available from the chapter board.

Estimated cost of hands-on service activity expenses or estimated funds that will be raised. Round to the nearest dollar.	\$
Total amount requested from Thrivent Financial chapter. Includes prefunding amount if applicable. Prefunding is available for hands-on service activities only. Round to nearest dollar (\$100 minimum).	\$
Estimated number of Thrivent member households activity involved in planning, preparing for or working at the activity. Must be at least six member households to qualify for supplemental funds.	

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**Activity Contact**

Name of community service team contact

Address	City	State	ZIP code
Phone	Email address, if applicable		

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**Community Service Team Members**

To qualify for activity funding/approval, the community service team must include at least one individual from a minimum of six Thrivent Financial member households actively involved in the activity.

List the Thrivent Financial member households:

1.	2.
3.	4.
5.	6.

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**Funding Information**

Yes  No Are you requesting funds from other chapters or cohosting this activity with another organization?

If yes, list chapter name(s)/organization(s):

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Yes  No Is the recipient aware they need to sign the **Permission to Disclose Information** form?

Yes  No Does this activity involve a raffle?

**Note:** Because of gaming and tax laws, Thrivent Financial for Lutherans does not encourage service teams to conduct raffles.

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**Return this form to the chapter leader contact shown on page 1. To find a chapter leader, go to [www.thrivent.com](http://www.thrivent.com), Thrivent Community, Chapters, Locate a Chapter.**

Submit by email