



# MATCHING GIFT PROGRAM

## *House of Worship Application*

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip

Church representatives: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Description:

Estimated cost: \$ \_\_\_\_\_ Insurance value for current structure: \$ \_\_\_\_\_

Total sq. ft. for current structure: \_\_\_\_\_ Total sq. ft. of structure effected by project: \_\_\_\_\_

Start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Building plans reviewed: Yes No

Comments:

Approved for Matching Gifts: Yes No

Signed:

Foundation Representative