Request for Mission Grants Funds

Note: This form is available to download from the LWML Indiana District Website: lwmlindiana.org

Title of the Mission Grant: _____
Selected by the LWML Indiana District at the 2024 LWML Convention

Date you are submitting this request for Mission Grant Funds: _____

Contact person named on the request for payment of Mission Grant Funds:

_____

Please check one of the following:

☐ **Large Grant** (Does not exceed $12,000)

☐ **Small Grant** (Does not exceed $5,000)

I am requesting:

☐ **Partial Payment in the amount of:** $_____

☐ **Full Payment in the amount of:** $_____

I would like to receive the Mission Grant Funds via:

☐ **A Presentation of the check (preferred method) on: Date:** _____
Time: _____ **Location:** _____

☐ **USPS to the following address:** _____

Please include a summary of the progress in implementing this Mission Grant.

Please submit this form to:

Margie Wickert - LWML Indiana District-Vice President of Gospel Outreach
3260 S. 850 W.
San Pierre, IN 46374-9699

OR scan it and send it as an email attachment: mwickertlwmlin@gmail.com

If you have any questions, please contact me at Phone #: 219-863-6213

New Form: 10-19-2025