

## SDMI Financial Assistance Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

For what purpose are you requesting the money?

\_\_\_\_\_  
\_\_\_\_\_

Submitter's Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

***Please submit this form to:***

***Alabama North District SDMI***

***1214 Sizemore St***

***Gadsden, AL, 35903***

***Or Fax it to 256-494-9191***

***Or Email it to : [AlabamaNorthSDMI@hotmail.com](mailto:AlabamaNorthSDMI@hotmail.com)***