



FM Area Foundation

Connecting people and purpose.

Howell Pipe Organ Fund

A component fund of the FM Area Foundation

Grant Application Form

Contact Person: _____

Organization: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____

Email _____

Amount Requested: _____ Date: _____

Endorsing Signature: _____
(President of the Congregation)