

**MT. BETHEL CONSIGNMENT SALE
DISBURSEMENT REQUEST**

Date _____

Name of Organization (recipient) _____

Make check payable to _____

Request Amount \$ _____

“For” line information* _____

Mt. Bethel Contact (submitting request) _____

Phone Number _____

Email Address _____

Complete mailing address for check _____

Brief description of mission _____

Please attach any relevant mission information to this form.

*Checks that go to Mt. Bethel missions are sometimes made payable to Mt. Bethel with the group or individual listed on the “For” line. Checks are then given to the Finance Office. Please specify if this method is necessary. Please note how each request is to be handled.

Questions? Contact Ann Maggard – 770-998-6710 or at
annmaggard@bellsouth.net

For Committee use only: Amount Granted \$ _____

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