

**St. Matthew Catholic Church**  
**Monetary or In-Kind Solicitation Application**

Application Date: \_\_\_\_\_

Name and contact information of applicant: \_\_\_\_\_

Purpose: \_\_\_\_\_

Provide details as to what's being asked for, the need, & information about the organization to benefit.

When would you like to solicit: \_\_\_\_\_

Estimated monetary value of anticipated donations: \_\_\_\_\_

Who benefits: \_\_\_\_\_

Other sources of revenue: \_\_\_\_\_

Related communication content requests: \_\_\_\_\_

How will St. Matthew benefit? \_\_\_\_\_

If you received funds in the prior year, how were the funds used? \_\_\_\_\_

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Internal Information

Date Received:

Recommendation of Finance Council:

**Deadlines for Application: Mar 31 (For requested solicitations of Jul 1- Dec 31)**  
**Sept 30 (For requested solicitations of Jan 1 – Jun 30)**