

Willow Head Missionary Baptist Church
615 East Calhoun Street
Thomasville GA, 31792
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REQUEST FOR FUNDS

Request submitted by: _____

Ministry (if applicable): _____

Date: _____

Amount: _____

Purpose (describe in detail as much as possible):

FOR CHURCH USE ONLY

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Approved by _____ **Date** _____

Check issuance date: _____

Amount: _____ **Check No.** _____

By: _____

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