

TO GOD BE THE GLORY AND PRAISE AND HONOR!

To Barbara Young be the thanks for her generous gift!

PROPOSAL FOR DISPERSING THE TITHE TO BE GIVEN FROM HER GIFT

Name/ Organization of Recipient: Leavenworth Community Service Organization Youth
Mentoring Partnership

Amount suggested: \$50,000 (\$10,000 per year for five years)

Local Contact Person:

(Name) Ronald W. Coaxum, President, Leavenworth Community Service Organization

(Address) 1101 Wellington Drive, Leavenworth KS 66048-4760

(Main Phone) (913) 682-2607

(Cell Phone) (913) 240-1908

(E-Mail) rwcoaxum@gmail.com

Summary of Project / Reason for Proposal:

·Youth Mentoring Partnership (see attached).

Directions for Funding: (Name / Address of Person/Organization to Whom Check is Sent)

Provide funding in 1-year increments to: Leavenworth Community Service Organization

Bank: Armed Forces Bank KS Secretary of State Business Identity Number: 6631162

Proposal Submitted By: (Name, Phone, E-mail)

Signed: _____ Date: _____

** Return to the Church Office no later than January 31, 2015*