

111 Hillside Avenue Rochester, NY 14610 Tel: (585) 473-0220 Email: contact@RochesterMennonite.org www.RochesterMennonite.org

Special Offering proposal

Date _____

Name of person submitting request _____

- 1. Name of group, organization or project needing support
- 2. If the recipient is unknown to Rochester Mennonite Fellowship, provide a brief explanation about the group and why the offering is being collected

- 3. Ministry of Rochester Mennonite Fellowship that supports this request:
- 4. Time frame in which funds are needed:
- 5. Our treasurer will make the check payable to:
- 6. Address to mail the check:

Submit to Finance ministry for review.

Treasurer@RochesterMennonite.org