

**UUCGT LOCAL COMMUNITY OUTREACH FUNDS  
DONATION FORM**

**DATE:**

**REQUESTED BY: (Name)**

**NAME OF GROUP OR ORGANIZATION:**

**POPULATION TO BE SERVED: (seniors, babies, at risk youth, etc.)**

**POPULATION AREA SERVED: (Grand Traverse, Leelanau, etc.)**

**OBJECTIVES OF THE PROJECT:**

**AMOUNT REQUESTED:**

**NAME AND ADDRESS THE FUNDS SHOULD BE SENT TO:**

**Return form to UUCGT, 6726 Center Road, Traverse City, MI 49686  
Attention: Local Community Needs Committee**