



Catholic Fraternal Life Church Grant Program

Mail to:

CFL Church Grant Program
P.O. Box 327
Belleville, IL 62222

Member Name: _____

Member Policy # : _____

Member Address: _____

City State Zip

Member Phone Number: (Home) _____ (Cell) _____

Name of Church: _____

Name of Pastor: _____

Church Phone # _____

Church Address: _____

City State Zip

Name of Church Project in which you are submitting grant for consideration.

NOTE: We will not consider requests for church repairs, building maintenance or general operating funds. We are looking for projects that directly impact quality of life.

Please provide a brief description of the project and how many people benefit from this project weekly and/or monthly. Please use the back of this sheet if you need more room and mail to the above address.