

# FORT BRAGG CHAPLAINS OFFICE DESIGNATED OFFERING

## REQUESTER

Sub-Account \_\_\_\_\_ Today's Date \_\_\_\_\_  
(Congregation / Parish / Sub-Account / Chapel Activity Making This Request for a Designated Offering)

Date on Which Requested Designated Offering Is To Be Taken \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

If this request is from a Distinctive Faith Group Service or Contract Clergy  
Led Service, Service Leader or Contract Clergy please sign indicating approval.

\_\_\_\_\_  
Signature of Leader or Contract Clergy

Requesting / Supervisory Chaplain: Chaplain ( ) \_\_\_\_\_

Installation Chaplain: \_\_\_\_\_

## CHAPLAINS' FUND MANAGER

**This request for a Designated Offering is approved for the date indicated above, to the Organization indicated above. The requesting / supervisory chaplain is reminded the Fort Bragg Chapel Tithes and Offering Fund SOP requires announcing verbally the week before and the day of the designated offering is taken and stated in the bulletin.**

\_\_\_\_\_  
Signature of Fund Manager

## FUND CLERK

Designated Offering was taken on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
(DATE)

Check was mailed on \_\_\_\_\_  
(DATE)

Modified: 01 Jan 08

Previous versions of this form are obsolete.