Thrivent Action Team

Project Name: ______________________________   Date: _________

Type of Project – Please check one

- Fundraiser
- Service Activity
- Education

Project Description – Limit to 2,000 characters

How will you spend the money? List the purchases – Limit to 2,000 characters

Check one or two of the causes this project will support:

☐ Aid the Sick
☐ Families
☐ Animals
☐ Financial Literacy
☐ Arts/Culture
☐ Health and Wellness
☐ Camps/Outdoor Ministries
☐ Hunger
☐ Campus Ministry
☐ Patriotic/Veterans
☐ Children/Youth
☐ Provide Clean Water
☐ Congregation
☐ Provide Clothing to those in Need
☐ Disaster Relief
☐ Provide Shelter/Homeless
☐ Education
☐ Religious
☐ Elder Care
☐ School/Education/Institution
☐ Environment
☐ Visit and Support Those in Prison
How many volunteer t-shirts do you need? (maximum 25) _________

T-shirt Sizes

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<th>Adults:</th>
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Which of the following items do you need?
☐ Invitations
☐ Thank you notes
☐ Name tags
☐ Packing stickers
☐ Banner

Contact Person: ___________________________________________________________________

Email: __________________________________________________________________________

Phone #: _________________________________________________________________________

Additional Comments, optional: