

The Presbyterian Committee on the Self-Development of People

Request for Payment—Please Submit by **October 1** Synod and Presbytery Committee

Date _____

Full Name of Project _____ \$ _____

Address of Project _____

Name of SDOP Synod or Presbytery Committee _____

Signature of SDOP Committee Chairperson _____

Please Make Check Payable to _____

(Synod/Presbytery or Project, include address)

(ALL CHECKS WILL BE MAILED TO SYNOD OR PRESBYTERY OFFICES)

PLEASE ATTACH COMPLETE PROJECT EVALUATION FORM

Fax: (502) 569-8001