

VIRGINIA SYNOD, ELCA

**We Are Church Together**



## Virginia Synod Daily Bread Matching Grant Application

**Congregation Name \***

Apostles, Gloucester

**Congregation Address \***

Address Line 1

Address Line 2

City

State

ZIP Code

**Contact Person \***

First Name

Last Name

Contact Person's Email \*


Description of Feeding Ministry (250 words or less)

Date Submitted:

May

18

2020



Submit Form