Dear Pastor/Parish Council President,

I am requesting the congregation’s financial support to join the Lutheran Faith Community Nurse Association (LFCNA). This is an organization that exists to support parish nurses in Lutheran congregations, Lutheran parish/Faith Community nurses who might be working in churches of other denominations and Faith Community coordinators who oversee and support Lutheran congregations and nurses.

Belonging to a professional organization such as LFCNA affords me and our congregation the opportunity to network with other Faith Community nurses all across the country. We can exchange ideas and strategies that might be helpful in a new experience or specific aspect of ministry. Both congregations and nurses can benefit by being part of this organization.

 I respectfully request that the congregation support my membership dues of $40 for one year, or $60 for two years for this organization. I am privileged to serve as parish nurse for \_\_\_\_\_\_\_\_\_\_\_\_\_ Church and being a part of this ministry team is a blessing. I want to be a part of LFCNA to continue to serve and offer the most effective ministry we can together offer to our parishioners.

 Respectfully, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parish/Faith Community Nurse