



Benevolence Assistance Request Form

The Church is making every effort to live for and be surrendered to Christ and the teachings of the Bible. It is our privilege, purpose, and passion to share about Jesus Christ primarily throughout the local area. Please give the completed form to any member of the Benevolence Committee or return to the Church office.

The Benevolence Committee will be sensitive to confidentiality issues and preserve the anonymity of anyone requesting assistance. The Benevolence Committee will only share information with the Pastor, the Deacons, the Financial Secretary and possibly others on a strict need to know basis.

RECIPIENT INFORMATION:

Name: _____ Phone: _____

Address/County: _____

VENDOR: (attach invoice)

Name: _____ Account/Invoice No: _____

REQUEST:

Amount of Request: _____ Date of Request: _____

PURPOSE: (Please explain why there is a need)

GENERAL INFORMATION:

Are you a member of the Church? Yes No

In your opinion which description best describes your financial situation?

Short term emergency Short term problem Long term problem

Is recipient related to any member of the Benevolence Committee? Yes No

If yes, who is the member and what is the relationship? _____

Have you received assistance from the Church in the past twelve (12) months? Yes No (If yes, explain):

FINANCIAL INFORMATION:

Would you be interested in receiving information on financial literacy resources? Yes No

REQUESTOR NAME (*print*): _____

REQUESTOR SIGNATURE: _____ Date: _____