

Benevolence Request Form

Date: _____

Name of Person(s) Requesting: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone/Contact Person: _____

Type of Need Requested:

Reason for Request:

***My signature below guarantees the information provided above is accurate and true. I also understand that benevolence from this church is a one-time gift and cannot re-apply for another request for a period of _____ months. ***All requests must have photo ID.

Signature of Person/Persons Requesting

Date

Services Provided? _____ If not provided, reason for declining: _____