

Benevolence Request Form

Date: _____

Person(s) Requesting:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone Number: _____

Type of Need Requested:

State Reason for Request:

Have you sought help from County/City service agencies: ____ Yes ____ No

***My signature below guarantees the information provided above is accurate and true. I also understand that benevolence from this church is a gift and I cannot re-apply for another request for a period of 3 months.

All requests must have copy of photo ID.

Signature of Person Requesting

Date

Deacons Review Notes:

Services Provided? _____

If not provided, specify reason for declining:

