

Benevolence Request Form

A. RECIPIENT INFORMATION:

Name: _____ Address: _____

City, State: _____ Phone: _____ S.S. Number: _____

B. PAYEE IF OTHER THAN RECIPIENT: _____

Name: _____

Address: _____ City, State: _____

C. PURPOSE:

Rent _____ Food _____ Medical Services _____ Education Needs _____ Other _____

If Other, please explain: _____

D. REQUEST:

Amount of Request \$ _____ Date of Request: _____

E. GENERAL INFORMATION:

Has recipient received assistance from the Church in the past 12 months? No Yes

Explain: _____

What Steps have been taken to obtain assistance from non-church sources? _____

RECIPIENT'S SIGNATURE: _____ X _____ Date: _____

AMOUNT APPROVED: \$ _____

Approval:

Up to \$500* X _____ Date: _____

Benevolence Deacon

\$501 - \$1,000* X _____ Date: _____

Board Designee

Exceeds \$1,000* X _____ Date: _____

Board Treasurer

*AMOUNTS ARE CUMULATIVE FOR PRIOR 12 MONTHS

TAX NOTE: Amount to be reported as taxable income: \$ _____