Freeman Missionary Church Benevolence Request Form

Carry each other's burdens, and in this way you will fulfill the law of Christ.

Galatians 6:2

Name	: Date:
Addre	ess: Email:
Phone	e Number:
*Pleas	se indicate your preferred mode of communication by circling email or
1.	Do you have a personal relationship with Jesus Christ? ☐ Yes ☐ No ☐ Not Sure
2.	Are you a member of the Freeman Missionary Church? ☐ Yes ☐ No
3.	Which best describes your attendance at Freeman Missionary Church? \Box Frequent \Box Sometimes \Box Seldom \Box Never
	In your opinion, which best describes your financial situation? Short-Term Emergency Short-Term Problem Long-term Problem
	The total amount of your request is What is it for?
7.	Can you provide a receipt or invoice so we can fill out the check(s)? If not, who would the check(s) be made payable to?
8.	Are you willing to receive financial counseling? ☐ Yes ☐ No ☐ Not Sure

9. Are you currently employ ☐ Yes		□ Full-Time	□ Part-Time			
Name of employer:	VENEZ - 50-25000/2000		_			
10. If married, is your spouse						
□Yes		□ Full-Time	☐ Part-Time			
Name of employer:			_			
11. How many people are in						
12. Total weekly household income:						
13. Briefly explain your needs and what led you to request assistance. We will						
be praying for you and provide counsel where needed.						
100 000 0000 000 000 000 000 000 000 00			- No.			
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*						
			-			
Signature:	·.					
Spouse Signature (if applicable):					

OFFICIAL INTERNAL USE ONLY

Meeting Date:		
\Box Approved	□ Need More Information	□ Denied
More Information needed:		
Board Members:		
Check Dated:	Check #:	
Where was check sent?		_
Check given to	for delivery.	