

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: _____

Address: _____

Email: _____

Phone Number: _____

*Please indicate your preferred mode of communication by circling email or phone

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?

Frequent

Sometimes

Seldom

Never

4. In your opinion, which best describes your financial situation?

Short-Term Emergency

Short-Term Problem

Long-term Problem

5. The total amount of your request is _____

6. 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

OFFICIAL INTERNAL USE ONLY

Meeting Date:

Approved

Need More Information

Denied

More Information needed:

Board Members:

Check Dated: _____

Check #: _____

Where was check sent? _____

Check given to _____ for delivery.