

Benevolence Request Form

(members only)

We understand that members need a helping hand from time to time, especially when you're dealing with sickness, medical situations, financial difficulties, etc. The Benevolence Committee would appreciate the opportunity to serve you. Please let us know your specific needs by completing the form below and returning it to either Duane Markel, Tom Matich or Joel Staloch.

Name: _____

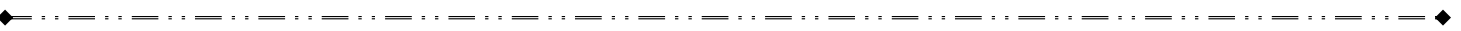
Contact Number: _____

Meal Needs

How long would you like to receive meals? Start Date _____ End Date _____

How often would you like to receive meals? _____

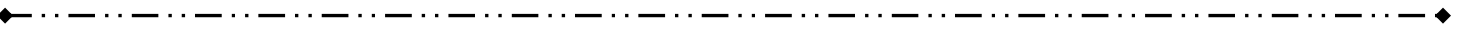
Food Allergies or Dietary Restrictions? _____



Transportation Needs

Do you need help with transportation to and from your residence for Sunday worship services or Wednesday night class? If yes, please specify address of residence and duration of help needed.

Do you need help with transportation to and from your residence to a Doctor's appointment or store? If yes, please specify address of residence, location of appointment, etc. and duration of help needed.

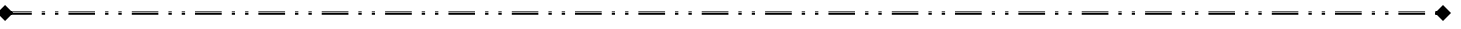


In-Home Needs

Do you need help with anything around your residence? If so, please specify below.

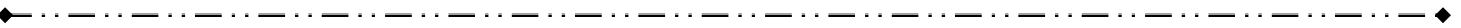
Home Interior (i.e., cleaning, repairs, etc.)

Home Exterior (i.e., yard work, repairs, etc.)



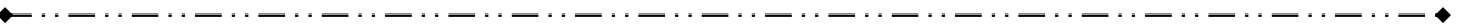
Financial Needs

Do you need help with a particular financial situation? If so, please provide a brief description as to why you are needing help at this time along with the monetary amount.



Additional Information

Please share any additional information that you would like the Benevolence Committee to know about.



For Official Benevolence Committee Use Only

Request received by (committee member) _____ Date _____

Action plan: _____

Approved by:

Committee Member

Date

Committee Member

Date