

# NORTHERN VIRGINIA CHURCH OF CHRIST BENEVOLENCE REQUEST

**A. RECIPIENT INFORMATION:**

Name \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ SS.Number: \_\_\_\_\_

**B. PAYEE IF OTHER THAN RECIPIENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

**PURPOSE:**

**D. REQUEST:**

Amount of Request \$ \_\_\_\_\_ Date of Request: \_\_\_\_\_

**E. GENERAL INFORMATION:**

Is recipient related to any employee, officer or board member of the Church? No Yes  
Who? \_\_\_\_\_

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:** \_\_\_\_\_ Date: \_\_\_\_\_

**AMOUNT APPROVED\*:** \$ \_\_\_\_\_

*Approval*

X \_\_\_\_\_ Date: \_\_\_\_\_

*Benevolence Deacon*