

BENEVOLENCE FORM

Name: _____ Phone: _____

Address: _____

City, State _____ Zip _____

Social Security # _____ - _____ - _____

Have you received assistance from any other church, ministry or agency during the past 30 days?

Yes () No () If yes, who? _____ Contact Person _____

What is your request: _____

Are you currently employed? Yes () No () If yes, with Whom? _____

How Long _____ Supervisor's Name _____ Phone _____

Are you related to an employee, officer or board member of our organization?

Yes () No () If yes, state the person's name, position and your relationship to him/her.

Recipient's Signature _____ Date _____

Office Use Only

Action taken _____

Account Information (i.e. Electric Company Account):

Name of Company: _____

Acct No: _____ Amount: \$ _____ Check No: _____

Received assistance from NCM in the past 6 months? Yes/No

If yes; explain: _____

Approved By _____ Date _____