

## Benevolence Request Form

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

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

Street/ mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

What is your marital status? Married Single Divorced Widowed Other: \_\_\_\_\_

How many people live in your household? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Are you currently employed? Yes No Where: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor's contact number: \_\_\_\_\_

Do we have your permission to copy your picture identification: \_\_\_\_\_ (please initial)

Closest Relative: \_\_\_\_\_

Relative's phone number: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

What city is your church in? \_\_\_\_\_

How did you hear about Bay Farm Community Church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

