

Benevolence Policy: Appendix C

Please complete this form for any monetary disbursement from either benevolence fund.

1. Indicate below the benevolence fund used to provide the assistance.

General Benevolence Fund

Household of Faith Fund

2. Indicate below the purpose or nature of the assistance.

Clothing

Groceries

Medical expenses (dental, vision, prescription medicines, etc.)

Shelter (rent or mortgage on primary place of residence)

Telephone payment on home phone

Transportation costs (bus pass, vehicle fuel, maintenance on primary vehicle, etc.)

Utility payment (electrical, gas, or water)

Employment assistance

3. Indicate the amount provided: \$_____.

4. Print below the name and address of the person or persons receiving the assistance.

The person accepting the funds must sign and date this form below. By signing this form, the individual acknowledges receipt of the funds for the purpose indicated above.

Recipient's Signature: _____ Date: _____