

CANAAN

Missionary Baptist Church

BENEVOLENT FUND (*Request for Assistance*)
Church Office: 480.835.6320; Fax: 480.835.6004

Date of Request: _____ Date Request Is Needed: _____

Name of Requestor: _____

Requestor's Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Cell Phone: _____ Email Address: _____

Amount Requested: _____ Reason for Request: _____

Are you a member of Canaan Missionary Baptist Church?

- YES**
 NO

Please explain why assistance is needed: _____

What organization should the church be made to?: _____

What other organizations if any, have you contacted for assistance?: _____

Please note an itemized invoice must be attached to this request.

FOR CHURCH USE ONLY

Check #: _____ Date of Disbursement: _____

Check Payable To: _____ Check Received by: _____

Request Approved by: _____ Last time assistance granted: ____/____/____

Comments: _____ Member: ____ Yes ____ No



