

EBENEZER BAPTIST CHURCH

Request for Assistance

Date of Request (month/day/year) _____

Name (LAST) _____ (FIRST) _____ (MI) _____

Phone# (DAY) _____ (EVENING) _____

Membership Status EBC Member Non-Member* (requires referral from EBC member)

***Referred By** (if requestor is a non-member) _____

Type of Assistance Sought

Food Clothing Shelter Financial (give amount desired)\$ _____

Other (please specify) _____

Description of Circumstances (please give a brief but detailed explanation of your current circumstance)

Timeframe for Satisfaction of Need Immediate 1-3 Days 4-7 days 1 week or more

Who will be directly receiving this assistance? Requestor Other (please specify below)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

OFFICE USE ONLY

AUTHORIZATION DATE _____

AUTHORIZED BY _____

ASSISTANCE PROVIDED _____