## BENEVOLENCE REQUEST FORM

Calvary Christian Ch	urch – 47 Grove Street, Lynnf	field, MA 01940 (781) 592.4722 – www.lynnfield-ccc.org
Name		Date Submitted
Address		
Home Phone	Mobile Phone	Email
How long have you bee	n attending Calvary Christian	Church?
Which Sunday morning	service do you attend each we	eek at Calvary?
Which pastor on staff is	most familiar with you, your	family and your situation?
Have you previously red  • If so, when?	quested financial assistance from If assistance	om the church?e was given, how much?
What is your current em	nployment status?	
What is your annual hou	usehold income?	Do you regularly tithe?
	living in your home?y and how much do they contr	ribute monthly to household expenses?
Briefly explain the circu	umstances which have led to y	ou requesting financial assistance from the church:
<del>-</del>	financial assistance at this time	ne, what steps are you taking that will prevent you from e near future?
<ul> <li>Food &amp; clothing</li> <li>Financial couns (Please make ar</li> <li>Financial Peace</li> </ul>	Course?	

If you are requesting assistance with a specific bill (i.e. electric, gas, oil, etc...) please attach a copy of the bill to this form.

Please mail or submit this form in a sealed envelope to church office: "Attention Pastor Jamie" (Feel free to email pastortim@lynnfield-ccc.org if you have not received news after one week of submittal)