

Benevolence Request Form

Full Name: _____

Email: _____

Phone Number: _____

Address: _____

Do you attend Restoration Church of Maryland? _____ Yes _____ No
(The answer does not change the potential approval.)

Reason for the request:

- Catastrophic medical issue (cancer, death)
- Disaster (flood, fire, tornado)
- Severe Family Crisis (job loss, abuse)
- Victim of a crime
- Other, please specify: _____

Household composition: _____ adults _____ children

Type of request:

- | | |
|--|----------------------------|
| <input type="checkbox"/> Bill | Desired gift amount: _____ |
| <input type="checkbox"/> Gift card: _____(store) | Date needed: _____ |
| <input type="checkbox"/> Vendor payment | |
| <input type="checkbox"/> Other: _____ | |

Request details. Describe your situation as much as you can (timeline, history of situation, other sources of assistance, urgency of request, other relevant information).

If a bill or vendor payment, please include: company, phone number, address, and reference number.

Is there anything else you want to tell us or think we should know?

If you are filling this on behalf of someone else, please share your name and contact information.

Signature: _____ Date: _____

*Please attach any relevant supporting documentation with this request form during submission (eviction notice, bills, etc.)