

BENEVOLENCE PACKET



SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH

1892 NW 51ST TERRACE

MIAMI, FLORIDA 33142

(305) 634-3720 phone

(305) 638-5449 fax

info@stpaulamemiami.org email

www.stpaulamemiami.org website

**SAINT PAUL MINISTRIES
BENEVOLENCE REQUEST FORM**

Today's Date: _____ Member or Non-Member

Applicant's Name: _____

Spouse's Name: _____

Address: _____

City/State/Zip: _____

Phone: Daytime: _____

Evening: _____

Membership Date: _____

Class Leader's Name: _____

Do You Actively Attend? **YES** [] **NO** [] If No, Why Not: _____

Requesting Assistance With:

Mortgage/Rent: _____ Electric: _____

Water: _____ Gas (Home): _____ Food: _____

What is your occupation? _____

What is your Total Monthly Household Income, including **Child Support, Disability, Social Security, or Workers' Comp**)? _____

Are you a regular Tither? **YES** [] **NO** []

Are you a regular giver if non-member? **YES** [] **NO** []

Give the names and ages of children who live with you in the home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Describe your present challenge and what caused it:

Has member requested assistance before? **YES** [] **NO** []

(If Yes) List the Date: _____

List what the request was for:

ALL CONTRIBUTION REPORTING WILL BE CONFIRMED BY DATA PROCESSING

The church office will receive an email from the Membership Services Benevolent Representative requesting the giving report of the member listed on page one. The giving report information is to be written on this form is private and confidential and should be handled accordingly.

Applicant's Signature
(If available) or (Phone Interview)

Date

Benevolent Representative's Signature

Date

FINAL APPROVAL BY BENEVOLENCE COMMITTEE
Benevolence Request Form

