

Benevolence Request Form

Date of Request _____

Person Making Request _____ Phone No. _____

Request Details:

Name of Group/Individual _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ E-Mail _____

Fax No. _____

Purpose of Funding _____

Amount Requested \$ _____ [] Lump Sum [] Installments How many? _____

Anticipated Duration of Funding [] One time only [] Monthly [] Other _____

Date(s) Funding Desired _____

Make Check Payable To _____

Please attach supporting proposal or other documents, as needed.

Comments _____

Amount Approved \$ _____ Approved By _____

Date Approved _____

Date	Payee	Check No.	Amount	