



FIRST BAPTIST CHURCH OF DISTRICT HEIGHTS BENEVOLENCE REQUEST INTAKE FORM

Date of Request: _____

Requestor's Name: _____

Telephone: _____ (Primary) _____ (Alternate)

E-mail: _____

FBCDH Member ☐ Yes ☐ No If yes, name of Deacon _____

Requested Assistance:

☐ Rent ☐ Mortgage ☐ Electric ☐ Gas ☐ Water ☐ Food ☐ Medication

Please email the completed form to benevolence@FBCDH.org, or place the form in the benevolence box in the church office and send an email to benevolence@FBCDH.org notifying us that a form has been left in the benevolence box.

Referral completed by: _____

Your FBCDH Position: _____

Your Telephone Number: _____