

Repeat Request for Assistance/Benevolence Funds

Date: 10/10/02

Return to:

Trinity Evangelical Lutheran Church

2000 Chestnut Street

Camp Hill, PA 17011

Contact Person: _____

Phone: _____

I. Name of Church or Agency: _____ Contact Person: _____

Phone: _____
Address: _____

II. What is the nature of your request? (volunteer, material, financial).

III. If request is for financial assistance, indicate amount: _____

Fiscal year assistance is needed (date)_____

IV. Please list any changes since previously submitted form was completed.
(programmatical, financial, and/or organizational)

V. What opportunities does your organization provide for partnering with Trinity Lutheran Church?

- Praying for your ministry on a regular basis.
- Having a representative speak at Trinity about your ministry and volunteer opportunities.
- Providing a group of individuals to support and mentor a client.
- Other opportunities:

VI. Please submit a current operating statement and audit.

VII. Please submit most recent annual report.

Please use reverse side as necessary, thank-you.