

Cincinnati Church of Christ  
4220 E. Galbraith Road  
Cincinnati, OH 45236  
513-842-9300 or Fax 513-842-9304

### Benevolence Request Form

Make check payable to \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Beneficiary Information:  
Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Purpose:  
Rent \$ \_\_\_\_\_ Utility \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Gift Cards \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_ Other \_\_\_\_\_  
Total Amount Requested \$ \_\_\_\_\_ Date Needed \_\_\_\_\_  
Receipts/Bills Attached? Yes / No If no, please explain \_\_\_\_\_

Is the recipient related to any employee, officer or Board Member of the church? Yes / No  
If yes, name \_\_\_\_\_

Has recipient received assistance in the last 12 months? Yes / No If yes, please explain:  
\_\_\_\_\_

What steps have been taken to obtain assistance from non-church sources? \_\_\_\_\_  
\_\_\_\_\_

Person Placing Request (if different than beneficiary) : \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Amount Approved \$** \_\_\_\_\_

Recipient / Beneficiary Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:		
Date of check _____	Check Number _____	Total \$ _____
Received by: _____	Notes: _____	
Date Mailed _____	_____	
_____	_____	
_____	_____	