



# WESTSIDE BAPTIST CHURCH

## Benevolence Card Requisition

Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_

Deacon Signature: \_\_\_\_\_

Number of Gift Cards: \_\_\_\_\_

**\*\*\*\* Form must be completely filled out – no exceptions!**

**\*\*\* ONLY the Pastor and Deacons are authorized to issue Benevolence cards.**