



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.**