

**CENTRAL UNITED METHODIST CHURCH
BENEVOLENCE CHECK REQUEST**

Date: _____ **Requested By:** _____ **Approved By:** _____

Request Type

Housing Assistance

Utility Assistance

Other

Pay to the Order of: _____

Amount: _____

Address: _____

City / State / Zip: _____

Person(s) Needing Assistance _____

PLEASE ATTACH PROPER BACK-UP

Request will not be processed without proper backup attached!