

BENEVOLENCE REQUEST

District	Submitted to:	Date:
made payable to the	debtor only, never to the recipi	reral days. All benevolence checks will be ient of the financial aid. (i.e., Landlord, ne by a licensed and insured company.
Personal Informatio		
Name:		Phone:
Address:		
City:		Zip:
_	d with the Great Lakes Distribeen a credential holder? _	
What ministry are y	ou currently serving in?	
Please list specific	amount needed	
Is there a deadline fo	or this need to be met? Yes	No 🗆
Do you have family lo	ocally? Yes No Do the	ey know of your need? Yes No
Have you sought the	ir help? Yes □ No □	
my permission to che		wledge. The Great Lakes District has verify my need for assistance. I further un me.
Signature		Date
	GLD is not a government-0 assis	sted agency. All available resources are a
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