

Mercy Fund Application

APPLICANT INFORMATION	
NAME	DATE
ADDRESS	PHONE NUMBER
ARE YOU A MEMBER OF CENTRALongmont? YES / NO (circle one)	
If not, how long have you been attending?	
NEED SUMMARY	
TOTAL AMOUNT REQUESTED	DATE NEEDED
PLEASE EXPLAIN THE SPECIFIC NEED/REQUEST	
PAYEE INFORMATION	
NAME	DATE
ADDRESS	
ACCOUNT NUMBER	AMOUNT APPROVED
OFFICE USE	
NOTES	
INTAKE STAFF/DEACON	AMOUNT APPROVED
COMFIRMATION OF MEMBERSHIP/LENGTH ATTENDING	COMMUNICATION WITH TREASURER