

Mount Pleasant Christian Church  
Change for a Dollar Nomination

Please provide the following information about the person/family needing assistance:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email \_\_\_\_\_

Marital Status \_\_\_\_\_

If married, name of spouse \_\_\_\_\_

Names of children living in the home \_\_\_\_\_

\_\_\_\_\_

Has this person been nominated before: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

Does this person attend church? \_\_\_\_ Yes \_\_\_\_ No

If "yes", where do they attend? \_\_\_\_\_

Please be as specific as possible when completing the following:

What is the immediate financial need? Please include exact amounts, to whom the funds are owed, and any other information that will benefit the team in making its decision.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the recipient's overall life situation as specifically as possible. Again, please include any information that might help the Change for a Dollar team.

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How would this gift make a lasting change in the life of the recipient's life?

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Please provide the following contact information:

Name \_\_\_\_\_

Your relationship to the nominee \_\_\_\_\_

Do you attend MPCC?  Yes  No

Email \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_