



Request for Financial Assistance *Immanuel Member*

This form is primarily for the purpose of maintaining appropriate deacon records of funds allocated to assist Immanuel members during time of need.

Name of member:

Phone:

Reason for request:

Amount requested (if known):

Name of intake person:

Date of request:

Amount allocated:

Date approved by deacons:

*Once request has been completed and approved,
please forward the completed form to our Office Administrator
for confidential filing.*