

SOVEREIGN GRACE CHURCH

**BENEVOLENCE REQUEST FORM
FOR SPECIAL EVENTS**

Date: _____

Name: _____

Address: _____

Daytime Phone#: _____

Caregroup: _____ Pastor: _____

Event requesting benevolence for: _____

Cost of event: _____

Amount requested: _____

Amount you are able to contribute: _____

Reason for benevolence request: _____

OFFICE USE ONLY

Benevolence authorized by: _____ Initials: _____

Amount authorized: _____ Check #: _____

Cost Code: _____ Fund: _____