

# Benevolence Request Form

The Potter's House  
FAMILY WORSHIP CENTER

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benevolence Overseer Signature: \_\_\_\_\_

(Please attach receipts and turn into the office)

Doc# 11.1.24  
11/4/2009, Revision #3

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