



COVID-19 Relief Fund for Churches

Please fill out the form below completely. To be submitted by the Pastor.

Date _____

Church Name _____

Pastor Name _____

Treasurer Name _____

Treasurer Address _____

E-mail of Pastor _____

E-mail of Treasurer _____

Phone # of Treasurer _____

Reason for Request of Assistance _____

Unpaid Bills and Due Date:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Documents Needed:
 Please attach the most recent financial report for the local church indicating the current total of all funds.

