

COVID-19 Relief Fund Request Form



Personal Information

Name _____

Cell Phone _____ Work Phone _____

Email _____

Salary Information

Monthly Salary February 2020 \$ _____

Salary Received To-Date March 2020 \$ _____

I am current with both my reporting and tithing to the Regional Office

No

Yes

Assistance is requested due to a decrease in personal salary received during the COVID-19 pandemic.

No

Yes

Comments: