

Disaster Relief Assistance Form



NAME _____

ADDRESS _____

PHONE NUMBER _____ (include area code)

Email: _____

Church Membership _____

Church City _____

Contact person at the church: _____

Contact information: Phone _____

Email: _____

FUNDS FOR _____

(if more room is needed, write on back of this application.)

AMOUNTS Requested: Minimal: \$ _____ Maximum: \$ _____

SIGNATURE (recipient of funds) _____

DATE _____

SIGNATURE (pastor/circuit counselor/areammf) _____

Check if the Pastor will deliver the funds.

DATE _____

Email completed form to: Rev. Steven Misch, smisch@txdistlcms.org

Contact Information:

Rev. Steven Misch, Area A MMF

1511 Gawain St.

Borger, TX 79007

806.433.4536

Office:

Date Received: _____

Date Disbursed: _____

Amount Disbursed: \$ _____