

Benevolence Assistance Check Request

University Presbyterian Church
2562 Rouse Road – Orlando, FL 32817

Date of Request: _____

Instructions: This is a locked form. Tab through or use your cursor to navigate. Check boxes are used by clicking in desired box. Fields will expand as you type if more space is needed.

See signing instructions below. Accounting will retain only this form and not approving email chains – that is the responsibility of the deacons.

Form should be submitted via email (tturner@upc-orlando.com), Fax 407-823-8530, or hand delivery.

Person Requiring Assistance Information:

Name: _____

Address: _____

Phone: _____

Homeless

If no phone, how do we contact: _____

Type of assistance requested: Rent/Mortgage Transportation Assistance (Gas, Bus Ticket, etc)
 Medical Need Utilities Other _____

Relationship to UPC:

1. Church Family <input type="checkbox"/> Member <input type="checkbox"/> Regular Attender	2. Connected <input type="checkbox"/> to a Member <input type="checkbox"/> to a Ministry _____	3. Local Neighbor <input type="checkbox"/> 3 Mile Radius of Church	4. Other _____
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Payee Information:

Name: _____

Company: _____

Address: _____

Phone: _____

Indicate which is payee:

Payable to Name

Payable to Company

Check Amount: \$ _____ Info for Memo Line: _____
(apt. #, acct. #, etc.)

Date Required: _____ Check if special UPC Family Fund request.

Please do not promise same day. Checks can take at least a week to process. If need is immediate, you may have to take care of the expense yourself and request a reimbursement – this method is not preferred however. We are generally not set up as an emergency assistance program.

Check Routing: Will be picked up by _____ Mail Other _____

Other file notes: _____

Type in your name and the name of approving deacon. You are responsible for obtaining and retaining your approvals. By submitting this form with names below you are stating that the appropriate approval process has been followed in accordance with Deacon guidelines. Some expenditures require 100% approval.

Requesting Deacon: _____ Date: _____

Approving Deacon: _____ Date: _____

Checking this box indicates that 100% approval was required and received