



GREAT OAKS
CHURCH OF CHRIST
IGLESIA DE CRISTO

BENEVOLENCE FORM

Date: _____

Name: _____

Address: _____

Phone: _____

Other contact (email? Social media?): _____

We offer help with a box of food pantry items and a bag to fill up in our clothes closet, once per month. For other needs, we refer people to MIFA (901-527-0208 and www.mifa.org).

By signing this form, you affirm that you are receiving food and/or clothing through Great Oaks, with the promise that you will not sell these items or exchange them for money:

Signature: _____

Please check if you are interested in:

_____ Family Finances and Budgeting Counseling

_____ Studying the Bible with one of our Ministers

_____ Praying with Someone

_____ Receiving invitations to Great Oaks' upcoming events and activities

FOR OFFICE STAFF TO FILL OUT:

Great Oaks Staff Assisting: _____

What was given: _____

ID? (Circle) Yes or No