

Faith Free Church

705 Madison St. - Stanley, WI 54768 - 715-644-2001

DISBURSEMENT FORM

NAME	DATE
CURRENT ADDRESS	PHONE #

How did you hear about our willingness to help?

What is the specific request?

_____ Food Voucher

_____ Gas Voucher

_____ Other—Please elaborate:

Why is the help needed at this time?

Is this a repeat request? _____ Yes _____ No

If yes, explain circumstances of prior requests and if additional requests are anticipated in the future. (Our policy is to avoid repeated requests for the same disbursement. This enables us to help other people also as much as possible.)

Person(s) authorizing the disbursement:

Signature of person(s) receiving disbursement: _____

Date: _____