RIVERLAND HILLS BAPTIST CHURCH

Referral Disaster Assistance Application – Hurricane Helene

Your Name:		Date:
Name of Person you are Referring for Assistance:		
Above Person's Address:		
City:	State:	Zip:
Describe the damages sustained to the above individual or their property by Hurricane Helene:		
Explain why you believe this person should receive assistance from Riverland Hills Baptist Church. Tell us their story:		
Print Your Name:		
Your Signature:		
For Office Use Only		
		By:
Amount of Funds given:	$	
Assistance being offered: Other Notes:		

Please return this form to the Church Office by 11/11/2024