



## CHURCH OF GOD STATE EXECUTIVE OFFICES

P. O. Box 7547  
ROANOKE, VA 24019  
540-362-1549  
FAX: 540-563-4670

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April 16, 2018

TO ALL MINISTERS & MINISTERS' WIDOWS/WIDOWERS:

Virginia Ministers and Ministers' Widows participate in a state-wide Benevolence Fund. There are new ministers in our state since the last letter of November, 2017. Therefore, we include the following self-explanatory measure that was passed in the 1980 Ministers' Meeting:

"That a Licensed Ministers' Widow and/or Widowers' Benevolence Fund be established in the State of Virginia. To be eligible for benefits from the fund, the beneficiary must be either the minister (Exhorter, Licensed, Ordained, Minister of Music, or Minister of Christian Education) or the spouse of a qualified member of the Benevolence Fund. Each applicant would deposit \$10.00 premium into the fund, which would be held in escrow by the State Treasurer. Upon the death of a member of the fund, the State Overseer or one so designated by the State Overseer, would deliver the principal in the fund to the beneficiary. Then each member would be notified of the death and asked to send in another \$10.00 within thirty (30) days from the date of this notice. If they fail to do so within the time limit, their name would be deleted from the membership list. The only record kept by the state office will be the names of the members, their mailing addresses, beneficiaries and the amount of the fund."

**Sister Gaylord Walker, a retired minister's wife** of the Church of God passed away. **She** was a participant in the Benevolence Fund. A check will be presented to her beneficiary. If **you** wish to participate, **please fill out the enclosed forms indicating your beneficiary** and enclose \$10.00 check for each form. **If your spouse participates, please fill out the reverse side of the form** indicating the beneficiary and enclose an additional \$10.00 for each form.

Please feel free to call if you have any questions about what you should send. **In order to keep the Benevolence Fund active, please complete and return to our office by May 21, 2018.**

/tb

Enclosure

**P.S. Please understand:** A *beneficiary is not* a participant in this program. *Every* participant must complete the form and list a beneficiary.

**GAYLORD WALKER****BENEVOLENCE FUND**

Enclosed is a check for **\$10.00**. I would like to participate in the Benevolence Fund. ***(This form must accompany your check.) Please make your check payable to Church of God State Funds.***

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Church I Attend \_\_\_\_\_

Check One: \_\_\_ Pastor \_\_\_ Minister \_\_\_ Retired \_\_\_ Widow/Widower  
\_\_\_ Spouse

**BENEFICIARY: Name and address of the person to whom the check is to be sent upon my death. *NOTE: It is very important that this section be filled out completely.***

(#1) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

(#2) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

**Return to the State Office by MAY 21, 2018**

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ATTN: Benevolence Fund  
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**GAYLORD WALKER**

**BENEVOLENCE FUND**

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Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Church I Attend \_\_\_\_\_

Check One: \_\_\_ Pastor \_\_\_ Minister \_\_\_ Retired \_\_\_ Widow/Widower  
\_\_\_ Spouse

**BENEFICIARY: Name and address of the person to whom the check is to be sent upon my death. NOTE: It is very important that this section be filled out completely.**

(#1) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

(#2) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

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