

**PAUL EURE****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 March 10, 2017**

Church of God State Office  
ATTN: Benevolence Fund  
P.O. Box 7547  
Roanoke, VA 24019