

BENEVOLENCE FUND

Date of Application: _____

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 () _____ Percentage % _____

Relationship _____

(#2) Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number () _____ Percentage % _____

Relationship _____

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

BENEVOLENCE FUND

Date of Application: _____

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 () _____ Percentage % _____

Relationship _____

(#2) Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number () _____ Percentage % _____

Relationship _____

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