



New Community Christian Church

Church Local Giving Request

Requesting Individual

Your Name: _____ Date: _____

Email: _____ Phone: _____

Are you a member of NC3? YES NO

If no, do you regularly attend NC3? YES NO

If no, how did you hear about NC3: _____

Describe the Need

Full Name: _____ Email: _____

Organization Name: _____ Phone: _____

Address: _____

Describe the Need: _____

Relationship To You: _____

Due Date: _____ Amount (Est.): _____

May we contact the individual / organization directly? YES NO

Pay To: _____

Deliver To: _____

Additional Information: _____

Approval

The above request is approved for immediate payment / action, as follows:

Pastor: _____ Date: _____

Staff: _____ Date: _____