

# Disaster Relief Assistance Form



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (include area code)

Email: \_\_\_\_\_

Church Membership \_\_\_\_\_

Church City \_\_\_\_\_

Contact person at the church: \_\_\_\_\_

Contact information: Phone \_\_\_\_\_

Email: \_\_\_\_\_

FUNDS FOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if more room is needed, write on back of this application.)

AMOUNTS Requested: Minimal: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

SIGNATURE (member) \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE (pastor/circuit counselor) \_\_\_\_\_

DATE \_\_\_\_\_

Email completed form to: Rev. Steven Misch, [smisch@txdistlcms.org](mailto:smisch@txdistlcms.org)

**Contact Information:**

Rev. Steven Misch, Area A MMF

1511 Gawain St.

Borger, TX 79007

806.433.4536

**Office:**

Date Received: \_\_\_\_\_

Date Disbursed: \_\_\_\_\_

Amount Disbursed: \$ \_\_\_\_\_