

HELPING HANDS MINISTRY REQUEST

I would like some help from the Helping Hands Ministry!

Personal Information:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Each application will go through a process to determine if we can meet that need and when we will be able to meet that need.

Type of assistance I need: (Describe in detail)

Return completed form to:
Community Christian Fellowship
15704 HIGHWAY 110 NORTH
LINDALE, TEXAS 75771 903-882-8501
office@ccflindale.org