



ORGANIZATION
HELPING OTHERS PROGRESS WITH EASE

Benevolence Care Fund Policy of Save The Nations

Save The Nations, in the exercise of its religious and charitable purposes, has established a Care Fund to assist persons in financial need. The church welcomes contributions to the fund. Donors are free to suggest beneficiaries of the fund or of their contributions to the fund. However, such suggestions shall be deemed advisory rather than mandatory in nature. **The administration of the fund, including all disbursements, is subject to the exclusive control and discretion of the church pastoral board.**

The church pastoral board may consider suggested designations, but in no event is it bound in any way to honor them, since they are accepted only on the condition that they are merely nonbonding suggestions or recommendations. As a result, donors will not be permitted to recover a designated contribution on the ground that the church failed to honor the donor's designation.

Donors wishing to make contributions to the Care Fund subject to these conditions may be able to deduct their contributions if they itemize their deductions on their federal income tax return. The church cannot guarantee this result, and recommends that donors who want assurance that their contributions are deductible seek the advice of a tax attorney or CPA. Checks should be made payable to the church, with a notation that the funds are placed in the church Care Fund.

In addition, please note this fund is for the benefit of STN members only as there are limited funds and we deem it a member privilege to, when able, invest in those who invest in the church themselves. Under no circumstance, will we be able to help non-members at this time. We hope in the near future to be able to serve our community in this manner through the Dream Center of South Florida.

The Pastoral Board
Save The Nations

Is there a deadline date for the help requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state where and what you do
What is your income monthly?
What are your expenses monthly? Please list
Have you received aid in the past six months from any of the following sources? <input type="checkbox"/> Ease Foundation <input type="checkbox"/> Salvation Army <input type="checkbox"/> Social Security /Disability <input type="checkbox"/> Public Assistance/Food Stamps <input type="checkbox"/> Family <input type="checkbox"/> Loans <input type="checkbox"/> Other Source
What is your plan to overcome your current financial struggles in order to become self-sufficient? How long do you anticipate it will take for you to get back on your feet financially?
Are you willing to participate in financial counseling?
Do you have a car for transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name two (2) References to confirm your history and need: (if necessary)
Pastoral Staff Use Only Interviewer: _____ Date: _____ Observations: _____ Recommendations: Request approved: _____ Amount Approved: _____ Date: _____ Request denied: _____ Reason for denial: _____ Date: _____

Please submit completed form to Pastor Liz Rios or Ministers Kathie or Mike Fico.