

CHRIST LOVE FOUNDATION (INC.)

RC: 18134

“...helping to support...” Luke 8: 3.

2, Bello Otaru St., Off Paddy Arikawe Avenue, G.R.A. Extension, P. O. Box 76, Sabo, Sagamu.

Tel: 0813-847-3021

APPLICATION FORM FOR FINANCIAL ASSISTANCE

Applicants should please complete this form and send to Christ Love Foundation Inc. address indicated above. It could be sent by e-mail to: cclf09@yahoo.com

NAME:.....

Surname

Other names

Home Address:.....

E-mail address:.....

Phone No:.....

Purpose for Seeking financial help:.....

.....

Amount Required:.....Religious Affiliation.....

PLEDGE

I ,hereby pledge to use this financial assistance for the purpose for which it is given as stated above.

.....

Signature

.....

Date

SECTION II

The Foundation requires that applicants provide one person to recommend them for support. This should, preferably, be your Pastor (if a believer) or a respectable minister of God (e. g. any member of the Executive, Pentecostal Fellowship of Nigeria in your area). And if you are not a believer, any respectable member of the society may recommend you.

Recommendation

I,do recommend the applicant for support.

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Signature and Date

Address:.....

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Position/Status in the Society.....

Phone No:.....

FOR OFFICE USE

Amount Approved:.....Approving Officer.....

Remarks.....

Signature.....Date.....