

Immigration Emergency Fund Request Form

To be submitted to the Immigration Task Force
Please email to EP Karen Sapio: karen@nccpresby.org

Date of Request: _____

Requested By:

Name: _____

Role/Congregation: _____

Phone: _____

Email: _____

Request Details Amount Requested: \$ _____

(Checks will be made out to the church, fellowship or NWC)

Purpose of Request (check all that apply): Emergency housing assistance Food or basic necessities Transportation Emergency/Urgent Medical needs Legal support Other (please specify): _____

Description of the Need (brief summary of the individual/family situation and how the funds will be used):

Requested by (print name & sign): _____
Name Date

Signature

FOR COMMITTEE USE ONLY

Date Received: _____

Reviewed by: _____

Decision: Approved Denied

Amount Approved: \$ _____

Notes/Conditions: _____
