



Jamaica-Hurricane Melissa Relief

(PLEASE PRINT)

Date: _____ Member's Name: _____

Address: _____

City, State, Zip: _____

Telephone#: (Mobile) _____ (Home) _____

Email: _____

Relative's Full Name: _____

Address: _____

Parish: _____

Telephone#: (Mobile) _____ (Home) _____

Email (optional): _____

Bank: _____ Branch: _____ Account Number: _____

Documentation: *Please describe the damage caused by Hurricane Melissa. Provide photo or video evidence, if possible.*

-----For Church Office Use Only-----

_____ Date received _____ Amount Sent

_____ Date sent to Jamaica _____ Completed By