Christian Science National Benevolence Fund

Mail or e-mail this request for financial assistance to:

The Secretary
CSNBF
#808 – 35 Church Street
Toronto, ON M5E 1T3

E-MAIL: secretary@csnbf.ca

Name of applicant_____

Name of service provider(s) _____

The total amount from all invoices in this request is $_____ Invoice(s) attached

I **cannot afford** to pay these bills in full at this time, but I can pay $ _____ to _____.

I am requesting assistance in the amount of $ _____

☐ Please mail a cheque to me; OR:

☐ Pay my service provider(s) directly on my behalf (attach details if necessary)

I certify that I am currently relying exclusively on Christian Science treatment. (If other treatment is being sought or utilized, please explain on the reverse)

I certify that I have reviewed the attached invoice(s) for services rendered and affirm that it is/they are fair and accurate.

I certify that no other request for financial assistance relative to the bills covered by this application has been made. (If other assistance has been sought, please explain on the reverse)

Signature of Patient _____

Date: _____

Address: _____
_____ _____

Telephone: _____ E-mail: _____

IF the CSNBF wishes to discuss this application, whom should we contact?

NAME: _____ TELEPHONE: _____

Rev June 2016