



Christian Science National
Benevolence Fund

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

The Treasurer
CSNBF
2020 Waring Road
Nanaimo, BC V9X1V1
E-Mail: sally.allan104@gmail.com

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 send an E transfer to the applicant at the following email
address.

Please send a cheque to the applicant at the mailing address noted
after the signature line of the applicant.

Please pay my service provider directly by E transfer to the
following email address.

Please pay my service provider by cheque directly to the following mailing address.

I would ask that any Requested Funds be forwarded by E-Transfer to the email provided above. OR to an alternative email.

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: _____