

## HELPING HANDS REQUEST

NEED REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


CONTACT INFO OF *PERSON IN NEED*:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFO OF *PERSON REQUESTING ASSISTANCE*:  SAME PERSON

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\* All information is confidential. Although New life will do its best to  grant requests. Requests submitted are not guaranteed.

