

EFBC — Organization Intake Application

Please complete all required (*) fields.

Organization Information

Business / Ministry Name *

Website

EIN

Office Phone *

Office Email *

Primary Contact Name *

Title / Role

Pastor / Senior Leader

Pastor/Leader Email

Cell / Direct Phone

Address *

City *

State *

ZIP *

Authorized Signer

Authorized Signature

Date

Privacy: Information is used solely to coordinate assistance and determine eligibility.