

The Coming King Foundation 3/2/15nr

P.O. Box 290555, Kerrville, TX 78029-0555 (830) 928-7774 * office@thecomingkingfoundation.org
www.thecomingkingfoundation.org * www.thecrossatkerrville.org * www.pavethewaytothecross.org
www.ambassadorsofthecross.org

“NEED HELP” Service Organization Application

Return to: **The Coming King Foundation** – P.O. Box 290555 – Kerrville, TX 78029-0555

The King will reply, “I tell you the truth, whatever you did for the least of these brothers of mine, you did for Me.”

JESUS CHRIST Matthew 25:40

Organization Name: _____ Date: _____

Address: _____

Authorized Person: _____ Title: _____

Phone: _____ Email: _____

Assigned Contact: _____ Title: _____

Phone: _____ Email: _____

Office Phone: _____ Website: _____

The above named Organization agrees to assist TCKF in its effort to serve the needy in our community, who come to THE COMING KING SCULPTURE PRAYER GARDEN in Kerrville, TX looking for help. Assistance organizations include churches, ministries, charities, medical, social, counseling, youth and other service organizations that serve the spiritual, physical and emotional needs of our community.

TERMS OF AGREEMENT

1. The Organization agrees to welcome and receive all guests with kindness and courtesy, which are referred by TCKF.
2. The Organization agrees to evaluate the needs of the referred individual for the purpose of providing possible assistance and guidance to them.
3. The Organization agrees to assign at least one member of their organization who will actually meet with the referred individual for the purpose of assistance, evaluation and orientation.
4. The Organization agrees to assist the needy individuals as possible, or refer them to other trusted organizations in the community.
5. The Organization agrees to be listed on TCKF website, a “NEED HELP” sign at the garden, and on “NEED HELP” Referral Cards.
6. **The Organization is invited and encouraged to become an official TCKF “Supporting Organization” with a suggested donation of \$50, \$150 or more to help finish the Garden.**
7. When possible, TCKF will provide referred individuals, with a TCKF signed Referral Card following an initial evaluation, preliminary counseling and prayer.

DO NOT WRITE BELOW THIS LINE

Date received: _____ TCKF approval date: _____ Category: _____

Approved by: _____