

LOVE

Christian Clearinghouse



Referral for LOVE Connects!

Date: _____

Fax to: 630-512-8675 or Email to: info@love-cc.org

Referring Source: (You will be contacted to discuss this referral).

Church/Care Facility/Nursing Home/Municipality Name:
Contact Person:
Contact Information (Phone; email):

Our Neighbor in Need (all information is required to process the request):

Neighbor First and Last Name:		
Neighbor Address:		
Neighbor Phone Number:	Neighbor Date of Birth (if known:)	
Select the NEED that is being requested and provide information to help clarify the need:		
<input type="checkbox"/> Run a nearby errand	<input type="checkbox"/> Help with grass, gutters, leaves or snow	<input type="checkbox"/> Read or visit for 1 hour