

# Morehead Avenue Baptist Church

## Act Out of **LOVE** | Community Outreach

1008 Morehead Avenue, Durham, North Carolina 27707

(919) 489-6297

[moreheadavenue@gmail.com](mailto:moreheadavenue@gmail.com)

[www.moreheadavenuebaptistchurch.org](http://www.moreheadavenuebaptistchurch.org)

Directions: Please complete the full document. If there is an area that does not apply to you, please mark it "Not Applicable". We are requesting a list of items that you may need during these unforeseen circumstances. However, some items may be limited or not available; therefore, we may not be able to provide you with certain items. We will do our best.

Please save this document as "MABC Act Out of Love-Community Outreach Application - Your Full Name" (Example: MABC Act Out of Love - Community Outreach Application – Jane Smith). Please email document to [moreheadavenue@gmail.com](mailto:moreheadavenue@gmail.com). If, you do not have computer access please contact Faith McLean via text at (919) 323-5699. Text "Act Out of Love" and you will receive a response via call/text to complete your application.

All products that are received/requested must be able to be sanitized. Morehead will sanitize all donations prior to giving items to those in need.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                          |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----------------|
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Application Date:</b> |                 |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City                     | State  Zip Code |
| Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Cell Phone:              |                 |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | @                        |                 |
| <b>What is your story?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                          |                 |
| <b>What is your need?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                 |
| <input type="checkbox"/> Can Foods <input type="checkbox"/> Bread <input type="checkbox"/> Cereal <input type="checkbox"/> Snacks (Chips, Crackers, fruit snacks, etc.) <input type="checkbox"/> Water <input type="checkbox"/> Juice <input type="checkbox"/> Feminine Products <input type="checkbox"/> Baby Wipes <input type="checkbox"/> Hand Soap <input type="checkbox"/> Body Wash/ Bar Soap <input type="checkbox"/> Skin Moisturizers <input type="checkbox"/> Tooth Paste <input type="checkbox"/> Deodorant <input type="checkbox"/> Tissue <input type="checkbox"/> Toilet Paper <input type="checkbox"/> Paper Towels <input type="checkbox"/> Alcohol <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Laundry Detergent <input type="checkbox"/> Bleach <input type="checkbox"/> Disinfecting Products <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Gloves <input type="checkbox"/> Masks <input type="checkbox"/> Other: Enter other items you need. |  |                          |                 |

**We hope that our act out of love makes a positive difference in your life**  
**during these challenging times. God Bless You!**