

# Brother's Keeper Application



Christian Healthcare Ministries

*Galatians 6:2, Acts 2 & 4*

## Step 1: Participant information

Your CHM #:

Make my Brother's Keeper start date (mm/yy):

## Step 2: How many units?

(See CHM Guidelines for a detailed explanation of units.)

- One unit:** One qualifying person
- Two units:** Any two qualifying immediate family members
- Three units:** Three or more qualifying immediate family members

## Step 3: Your contact information

Last name	First name	M.I.	M <input type="checkbox"/> or F <input type="checkbox"/>	Home phone	Work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
E-mail address	Social Security #	Address		Apt. #	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
City	State	Zip code	Spouse participating at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Spouse name	Social Security #	Date of birth			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

## Step 4: Your dependent children

First name	Social Security #	Date of birth	College?	First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
First name	Social Security #	Date of birth	College?	First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Continued on a separate page?  Yes /  No

## Step 5: Commitment

You and other Brother's Keeper participants will be sent a quarterly Brother's Keeper newsletter containing a list of medical needs exceeding \$125,000. Participants are asked to send a designated amount to the CHM office's audited Brother's Keeper escrow account, from which medical needs are shared.

By signing below, I understand that the qualifications and guidelines of the Brother's Keeper program follow the qualifications and Guidelines established by Christian Healthcare Ministries.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Spouse \_\_\_\_\_ Date \_\_\_\_\_

### If contributing by check or money order:

Please make checks or money orders for \$40.00 payable to Brother's Keeper. Send your check or money order along with your completed application.

### If contributing by credit card:

Card type (circle one):  Visa /  Mastercard /  Discover Card number:   
Exp. date:  /

**Please do not send cash.**

Return form to: **Christian Healthcare Ministries**  
Attn: Brother's Keeper

**127 Hazelwood Ave.**  
**Barberton, OH 44203**

### Questions?

330-798-5233 or 800-791-6225, ext. 5233  
330-798-6100 fax • nmull@chministries.org  
www.chministries.org