



WORD OF GOD INTERNATIONAL MINISTRIES
Testimony Form

PLEASE PRINT CLEARLY

DATE _____

Full Name	
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Address	
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Home Phone Number	
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Cell Phone Number	
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Best Time to Call	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
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How long have you been a member?

Please give us a summary of your testimony.	
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By signing this form I hereby certify that the information provided in this testimony is true and correct as it is written to the best of my knowledge and belief. I acknowledge that sharing this testimony does not guarantee that it will be declared publicly.

Signature

Date