



Fellowship of Faith Church International

CELEBRATION OF LIFE



Sign-up Form

The "Celebration of Life" testimonies take place on Friday nights at the end of the ladies session of the Friday Night Enrichment Seminars. If you are interested in sharing your testimony, please fill-out this form and fax it to 404-346-2065 (Attn: Communications Dept) **OR** return it to the Fellowship of Faith Church International church office.

Requirements

If you (the mother) have been a member of the Fellowship of Faith Church Int'l for at least one (1) year
AND
Your child is 2 years of age or younger, you are eligible to participate in the "Celebration of Life" testimonies.

Mother's Name: _____ Today's Date: _____
(First) (Middle) (Last)

Date of Membership: _____

Telephone Number: Home _____ Work _____ Cell _____

E-mail Address: _____

Address: _____
(Street) (City) (State) (Zip)

Child's Name: _____
(First) (Middle) (Last)

Child's Date of Birth _____

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(Please fax this form to L. Williams at 404-346-2065.)