



SCHM Testimony Form

Instructions

If you have a testimony from a prayer appointment, class/group time, or walk-in prayer, we'd love to hear about it. Please provide the information below. Return form to info@sacchristianhealingmin.com. Thank you!

Please print clearly.

Your first & last name	
Email address	
Mobile phone	
When did this happen? (date)	
Please tell us your testimony:	
May we have your permission to use this testimony in class or on our website? We will only use your first name, date, and details of your testimony as provided here.	<input type="checkbox"/> Yes, you have my permission to share my testimony. <input type="checkbox"/> No, please do not share my testimony publicly at this time.

