

## Permission to Share Testimony Form

I would like to share my testimony of healing. I believe it will be a blessing to others and an encouragement to the leadership at Christ For The Nations.

You have my permission to share or use this testimony in any way that honors the Lord.  
Please select one of the following:

**Please select one of the following:**

- I authorize you to use my name when sharing this testimony.
- You may not use my name when sharing this testimony.

GENERAL INFORMATION
Name / Last Name:
Address:
Phone Number:
Email:
Signature:
Witness
Address
Phone Number:
Email:
Signature:

*Short description of DIFFICULTIES and challenges that you faced before coming to Restoration Center:*

*Describe specific IMPROVEMENTS in your situation after you visited the Restoration Center:*