



Building a People of Excellence in Pursuit of the Power, Purpose and Desire of God”

HW Partnership Form

Title: Mr/Mrs/Miss/ Other (specify) _____
Surname: _____ Forname: _____ DOB: _____
Home: _____
_____ Post Code: _____ Home Tel: _____
Home Email: _____ Office Tel: _____
Office Email: _____ Office Tel: _____

Do you want to be a Partner of Healing Wings Christian Centre Yes/ No?

How can you want to support us (Tick all relevant boxes):

By Prayer

Donations

One off contribution

A monthly contribution

Amount: £ _____

Amount: £ _____

DECLARATION

I certify that the information I have given is true to the best of my knowledge

Signature: _____ Date _____