

# TESTIMONY RECORD

We would love to hear your testimony. Please fill out this card. We will be cataloging all of the miracles that God is doing so we can share the Good News that God still does miracles!

Name (last name optional) \_\_\_\_\_ Date \_\_\_\_\_

Please briefly describe what God has done in your life:

---

---

---

---

---

---

---

Is it ok if we publish your testimony? (i.e. website, bulletin, video testimony, etc.) YES NO

When completed, please turn in at the Welcome Center, or by mail to:

Family Church

97 Oaklawn

Glen Carbon IL 62034