



V I O L E N T O U T B U R S T O F P A S S I O N

SUPPORTER REGISTRATION FORM

Thank you for registering as a supporter of BLAZE TEAM. It has been our pleasure to server the body of Christ and the community in the past and it will be an honour to serve with you in the future. This form will give you the opportunity to register as a specific type of supporter. It will enable us to send you information regarding BLAZE TEAM that corresponds to you specifically. Please read the form prayerfully and commit cheerfully. You may commit to any or all of the three areas.

You can become a supporter of BLAZE TEAM through regular

Prayer *Regular prayer for BLAZE TEAM in all their ventures and ministry*

Contributions *Regular contributions towards BLAZE TEAM*

Resource *Making your own possessions available as resource for BLAZE TEAM, as we may require it.*

Prayer

I hereby commit to pray regularly for BLAZE TEAM. However the Holy Spirit might lead. I will pray for the members and projects that connected to BLAZE TEAM as well as the people of Trichardt and Secunda.

Contributions

I hereby commit to : Weekly Monthly Yearly contributions of R

to BLAZE TEAM. I understand that these funds will be used for the work of ministry, projects and the purchase of equipment as BLAZE TEAM defines. These funds will be given to BLAZE TEAM by

| | | | |
|----------------|-------|-------------|---------|
| Direct Deposit | Check | Debit order | Other : |
|----------------|-------|-------------|---------|

Resources

I hereby commit to make the following resources available to BLAZE TEAM for the work of ministry as it might be needed. If the use of the resources are restricted from use, it will be mentioned below.

| Resource | Restrictions |
|----------|--------------|
| | |
| | |
| | |
| | |

Supporter confirmation and Contact information

| | | | |
|--------------------|----------------------|--------------------|----------------------|
| Name and Surname : | <input type="text"/> | P.O. Box : | <input type="text"/> |
| Telephone number : | <input type="text"/> | State / Province : | <input type="text"/> |
| Cellphone number : | <input type="text"/> | Country : | <input type="text"/> |
| | | Postal Code : | <input type="text"/> |

As agreed above, I commit to becoming a supporter of BLAZE TEAM. I declare that all the information on this document is complete and accurate, to my knowledge.

Signed by : _____

Date :

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

 _____ Signature :

Office use only

| | | | | | |
|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Partnership nr : | <input type="text"/> | Date Captured : | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date received : | <input type="text"/> | <input type="text"/> | <input type="text"/> | Confirm sent : | <input type="text"/> |