



**Prayer Ministries**  
**Ontario Conference of the Seventh-day Adventist Church**

## CONSENT FORM

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**City of Residence:** \_\_\_\_\_

With my signature affixed below, I consent to the following:

1. My testimony will be posted on the Ontario Conference Prayer Ministries website
2. My first name and last name *initial* will be displayed
3. My city of residence will be displayed
4. The Ontario Conference has no financial commitment or obligations to me as a result of this consent

\_\_\_\_\_  
*Signature (or type name to serve as signature)*

\_\_\_\_\_  
*Date*

Please email the signed form to [prayer@adventistontario.org](mailto:prayer@adventistontario.org), or mail to:

**Prayer Ministries**  
1110 King Street East  
Oshawa, ON L1H 1H8