

## Testimony Form • Page 1/2

*Revelation 12:11 They overcame Satan by the Blood of the Lamb and the Word of their testimony.*

To submit a testimony of what happened at Frank's service please complete this form and fax or mail both pages to our office.

### Your Information

Title and Full Name:
Address:
City, State and Zip:
Country:
Email Address:
Phone Number:
Fax Number:

### Message (Optional)


### Testimony Information

When and where did you attend Frank's service?

Month, Date, and Year:
Name of Church or Venue:
City and State of Church or Venue:

How would you like your testimony signed on our website?

<input type="checkbox"/> First Name, City, and State (Example: John, S, Dallas, Texas)
<input type="checkbox"/> Anonymous

Please write your testimony on page 2.

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**Testimony Information** (Continued)

What was the problem / When did it start / The effects / Was there a solution?


What happened at Frank's service?


What is different today?\*


\*If healing was received at Frank's service and you have confirmation from a medical professional please attach a copy to your testimony.

This form can also be sent online from our website at [www.frankbutler.org/testimony.htm](http://www.frankbutler.org/testimony.htm)