SPONSORSHIP REGISTRATION FORM

Thank you for your willingness to sponsor a national or native preacher. In order for us to maintain a high standard of accountability between you and your sponsored preacher, we need you to complete the form below and return it to the FINAL FRONTIERS FOUNDATION ministry representative present with you. If you are receiving this dossier through the mail, please return this form to us in the envelope provided as quickly as possible.

| Your National Preacher's Information | |
|---|-------------------------------|
| Today's Date: | |
| Your National Preacher's Country: | <u>Kenya</u> |
| Accountability: | <u>George Thumbi</u> |
| Your National Preacher's Name: | Eliud Wachilonga Wanyonyi |
| Your Personal Information | |
| Your Name and Your Spouse's Name | |
| Your Address | |
| Your City, Your State, Your Zip, Your Country | |
| () Your Home Telephone | () Your Business Telephone |
| Your Email Address Yes I would you like to receive my free copy of the Progress Report by email Yes I would you like to receive my preacher's reports by email Will you be sending your check through your church? Yes No | |
| Your Church's Name | |
| Your Church's Address | |
| Your Church's City Your Church's State Your Church's Zip | |
| Are you giving your first month's support check today? Yes □ No □ | |
| I would like to add \$5□ \$10□ \$20□ \$ □ extra to my monthly support for the home office. | |