



Healing Hands Of Love Ministry

SEED OFFERING FORM

Please Print Clearly.

NAME: _____
(First) (Last)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (_____) _____

E-MAIL: _____

Please check one: *Please do not mail cash!*

Check # _____ Money Order # _____

Would you like to receive an Assessment Letter for your Seed Offering at the end of the year for tax purposes? Yes No

| | |
|---|--|
| <p>Thank you so much for being a blessing to the Ministry. Each seed that is sown will be used to continue the vision the Lord has set forth for the Ministry.</p> <p>We pray that God will continue to bless you and your house.</p> <p>Print and mail form with Seed Offering to:</p> <p>Healing Hands Of Love Ministry P.O. Box 9863 Fayetteville, NC 28311</p> | <p style="text-align: center;"><u>SEED AMOUNT</u></p> <p>One Time Seed Offering \$ _____</p> <p>Monthly Seed Offering \$ _____</p> <p style="text-align: right;">TOTAL \$ _____</p> |
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Remember, With God, All Things Are Possible!