ASSEMBLIES OF GOD CENTRAL BIBLE COLLAGE

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PASTORAL RECOMMENDATION FORM

Applicant Name

First Name : …….. Last Name : ……

Title

☐ **Rev** ☐ **Pastor** ☐ **Dr.** ☐ **Bro.** ☐ **Bishop** ☐ **Elder** ☐ **Deacon**

First Name : ……Last Name: …….

Mobile Number : …..…….

Email : …….

Name of the Church : ……

Address:

……

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Signature: …… Date: ….……/….……/……