



WEDDING THANKSGIVING FORM

NAME OF COUPLE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF THANKSGIVING: ____/____/____

PREFERRED SERVICE FOR WEDDING THANKSGIVING: _____

WHICH AREA/DISTRICT DO YOU BELONG TO? _____

DO YOU ATTEND FRIENDSHIP CENTRE MEETINGS? _____

DISTRICT HEAD

ZONAL HEAD/PASTOR

****PLEASE NOTE: WEDDING THANKSGIVING TAKES PLACE IN ALL SECOND (2nd) SERVICES ON THANKSGIVING SUNDAY (1ST SUNDAY OF EVERY MONTH).**

****Kindly pick a preferred service for your Wedding Thanksgiving.**

****Kindly mail a picture of the couple to infohub@globalimpactng.org latest by the Thursday preceding the Thanksgiving Service**

****Completed forms should be returned to the Area Coordinator, District Head or to the Information Desk.**