

Hidden Treasures

Participation Form

Please take the time to complete the form so we can better serve you. For your convenience, you may email the form or fax the form to 1-866-535-0056.

Ministry Name: _____ Tax ID #: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Position: _____
Phone Number: _____ Fax Number: _____
Alternate Phone Number: _____ Email Address: _____

How do you envision using Hidden Treasures? _____

What is your vision for serving the community? _____

Would you like to be connected to local agencies who serve in this area? Yes No

How would you like to participate? _____

Would you like to be included in our national campaign to build the community? Yes No

Would you like to know where your information was published or featured about your service? Yes No

What other services are you looking for? _____

Any other ministry friends whom you would like to serve with in the community? *Thanks for your referrals!*

Pastor's/Friend's Name: _____ Pastor's/Friend's Name: _____
Church: _____ Church: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

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Customer#: _____ HT Rep: _____