



COAST FOR CHRIST MINISTRIES

(An Indigenous Christian Faith-based Organization involved in rural community development in the following areas: Fishing Ministry, Farming, Water Provision, Medical Ministry, Formal and Informal Education, Vocational Training, HIV Awareness Programme, Agriculture, Leadership Training and Church Planting)

PARTNERSHIP ACTIVITY FORM

1. Name of organization _____
 2. Street Address _____
 3. Postal Address _____
 4. Cell phone no. _____ email _____
 5. Name of Pastor/Evangelist/leader _____
 6. Partnership Activity
 - a. Church plant ☐ Education ☐ Health ☐ Construction ☐ Micro enterprise ☐
 - b. Other (specify) _____
 7. I, _____, on behalf of _____
agree to work in partnership with CFCM ☐
 8. I, _____, on behalf of _____
promise to abide by the rules and regulations of CFCM ☐
- Signature _____
- Name _____
- Date _____

FOR OFFICE USE ONLY

Date _____

Signature _____