

Dear Pastor,

National Deaf Evangelism ministry is seeking pastor approval for _____ to be used in the capacity of **Staff Member** during the July National Deaf Ministry Conference.

Pastors Signature _____ Date _____

Please print and sign this form.

Mail it to:

Pat Billingsly
6061 Honeysuckle Rd
Little Rock, AR 72206
501-888-3724 home
plbillingsly@yahoo.com

Thanks for your timely consideration in this matter.

Ernie Murillo
Deaf Ministry Coordinator

