



Mailing Address:  
Nissi in Health  
P.O. BOX 36252  
SE19 3UW

Registered Charity  
No. 299242

---

# Financial Partnership Application Form

Please Tick

- I wish to register as a Nissi Partner and enclose my annual subscription of £45.
- I am an OAP/student/unemployed and enclose my annual partnership subscription of £15.
- Please send me the Nissi prayer letter
- I give permission for my name and address to be held on computer for this purpose.
- I would like to receive the international prayer email

Name of Organisation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

- I would like to receive the Gift Aid Form
- I would like to receive the Standing Order Form

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_