(The information below sh	ould be on the candidate's <b>chu</b>	rch/ministry letterhead.)
Date		
Dear Dr. Battle:		
Pastor	(First and Last Names)	of
church or ministry gives th	ne ministry, Kingdom Culture I	Ministries/City Harvest Church
permission to pray and min	nister to	(Your First and Last
Names).		
Sincerely,		
Signature of the Pastor Title		
Phone Number (if not on the	he letterhead)	