



First Church of Our Lord Jesus Christ, Inc.

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MINISTER EVALUATION FORM

Member's Name _____ Phone Number (____) _____

Branch Location _____ Minister's Name _____

Please use the following space to express any comments or concerns about the above-named Minister:

*Member's name and phone number are required for contact purposes by Pastor Jennings. Any form without this information will be disregarded. You may write on back of sheet if additional space is needed.

**Please return this form to Pastor Jennings' attention using the above contact information.