

FORM 9 – TESTIMONY / STORY SUBMISSION FORM

Purpose: To collect testimonies and stories of impact related to Safe Harbour International.

Full Name (optional): _____

Phone / Email (optional): _____

Please share your testimony or story below:

Consent (check all that apply):

I give permission to share this testimony publicly.

I prefer my name not be used.

Signature: _____ Date: _____