



## MATCHING ADVISOR PASTOR APPROVAL

Date: \_\_\_\_\_

Matching Advisor's full name : \_\_\_\_\_

Matching Advisor's email: \_\_\_\_\_

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

City, State/Prov, Zip/Postal: \_\_\_\_\_

I, \_\_\_\_\_ current Unificationist Pastor of \_\_\_\_\_

\_\_\_\_\_ community, support (name of member) \_\_\_\_\_

\_\_\_\_\_ to become a Certified Matching Advisor for the Blessing and Family Ministry – USA and BFD Canada, in our community. I support their desire to help me in my work and be able to guide parents, young people, and Adult Unificationists in our community to become knowledgeable in all matters of Matching and Blessing process. I understand that their training will allow them to be kept abreast of all the development and directions concerning Matching and Blessings, and will therefore be a very important aspect of service to our local community.

You may contact me at any time at the following email address \_\_\_\_\_

and phone # \_\_\_\_\_ concerning the person named above.

Sincerely,

\_\_\_\_\_  
Signature

**NOTE:** This document must be signed by the current local community Pastor. Copied and Pasted signature will not be accepted. Once signed please scan and email to "matching@unification.org".