

**Prayer Shawl and Pocket Prayer Cloth Ministry**

The following named person is experiencing a time of serious illness, grief or is in crisis and needs the love of our Congregation and the gentle arms of Jesus to enfold, uplift, heal, and comfort them.

**Name of Recipient:** \_\_\_\_\_

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

Your Phone: \_\_\_\_\_

Prayer Shawl \_\_\_\_\_ or Pocket Prayer Cloth \_\_\_\_\_

Reason for Referral:

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### Request Card

Please return completed Request Form to the Church Office or place in the Prayer Box near the Narthex.



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