

Our Day-2-Pray Information Card

Type of Group (circle one): Couple Family Group

Name of Couple/Family or the Group Leader's Name:

Best Phone #: _____

Email Address: _____

Names of Participants:

The day we will pray each week for the church as part of the "Day-2-Pray" Prayer Ministry is _____.

For Groups only: We will meet together at (location) _____ and we plan to meet at (time) _____.

My Day-2-Pray Information Card

Name: _____

Best Phone #: _____

Address: _____

Email Address: _____

The day I will pray each week for the church as part of the "Day-2-Pray" Prayer Ministry is _____.

******(cut along this line)******

My Day-2-Pray Information Card

Name: _____

Best Phone #: _____

Address: _____

Email Address: _____

The day I will pray each week for the church as part of the "Day-2-Pray" Prayer Ministry is _____.