

Seventh-day Adventist Church
Online Decision Card 2
My Prayer Request

Name _____

Street Address _____
House Number Street Sub Division

Postal Address _____

Telephone(s) _____

Email _____

Use any of the following methods to get this for to us:

Mail to:
Centreville Adventist Church
P.O. Box N-356
Nassau, The Bahamas

Fax to:
1-242-341-4088

Scan and Email to:
centrevillechurchbahamas@gmail.com

Bring this form on any Saturday morning to:
Centreville Seventh-day Adventist Church
5th Terrace of Collins Ave
Nassau, The Bahamas

Seventh-day Adventist Church
Online Decision Card
My Prayer Requests

Kindly tick any or all of relevant statements below then fill in the information on the left so we can contact you and follow through with your request.

Please pray for me. I need help in solving a problem

Please pray for my financial needs.

Please pray for my health

Please pray for me to be able to break an undesirable habit.

Please pray for _____
