



PRAYER REQUEST
CITY VIEW UNITED CHURCH

I would like the Prayer Chain to pray for a person or concern important to me. All details will remain confidential within the Prayer Chain. Please complete this form and place it in the offering plate.

Name or initials of person to be prayed for: _____
(Optional)

Reason for prayer: a) _____
(Continue on back if necessary.)

- b) for:
- | | |
|--|--|
| <input type="checkbox"/> healing/health | <input type="checkbox"/> faith/strength |
| <input type="checkbox"/> love/joy | <input type="checkbox"/> forgiveness |
| <input type="checkbox"/> inner peace | <input type="checkbox"/> divine order |
| <input type="checkbox"/> guidance/protection | <input type="checkbox"/> prosperity/blessing |

Length of time for prayer to continue: ___ 1 month ___ 1 week Other: _____

- To become a member of the PRAYER CHAIN, contact the church office 613-224-1021,