

ALL CHRISTIANS' FELLOWSHIP INTERNATIONAL VISITOR'S FORM



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	NAME		
	ADDRESS:		
STATE: ZIP:	CITY:	STATE: ZIP:	
DATE	TELEPHONE	DATE	
	E-MAIL:		
NOTE: WE WANT TO SHARE THE JOY OF SALVATION, TO LISTEN, ENCOURAGE AND PRAY WITH YOU. PLEASE LET US KNOW WHEN IT IS MOST CONVENIENT TO CALL OR VISIT YOU.		NOTE: WE WANT TO SHARE THE JOY OF SALVATION, TO LISTEN, ENCOURAGE AND PRAY WITH YOU. PLEASE LET US KNOW WHEN IT IS MOST CONVENIENT TO CALL OR VISIT YOU.	
	TIME:	_	
	SIGNATURE		
	NOTE: NOTE: ARE THE JOY OF SALVATION, TO GE AND PRAY WITH YOU. PLEASE LET IS MOST CONVENIENT TO CALL OR	STATE: ZIP: CTTY: TELEPHONE E-MAIL: NOTE: ADDRESS: CTTY: TELEPHONE E-MAIL: NOTE: WE WANT TO SHAIL LISTEN, ENCOURAGE US KNOW WHEN IT I VISIT YOU. DAY(S): TIME:	