



**ALL CHRISTIANS' FELLOWSHIP
INTERNATIONAL
VISITOR'S FORM**

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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.***

DAY(S): _____

TIME: _____

SIGNATURE



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