

PRAYER AUTHORIZATION FORM

I _____, hereby give permission to St Alphonsus Parish, Greendale, Wisconsin, to publish MY name in the weekly parish bulletin in the designated "REMEMBER TO PRAY FOR" column.

Start date _____. Your name will be listed in the bulletin for a period of TWO weeks. After that time you are encouraged to call one of the three prayer networks listed in the parish bulletin if you wish continued prayer. This bulletin listing is intended to be an initial public announcement to your need for prayer.

Signature _____ Date _____

PLEASE RETURN TO THE PARISH OFFICE OR PUT IN WEEKLY COLLECTION BASKET.

