

Yes, I would like a Prayer Chaplain to pray with me each month. Please place my name on the Prayer Chaplains' Wellness Program Call List.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Preferred time to call: \_\_\_\_\_

\_\_\_\_\_ Weekday: \_\_\_\_\_ Weekend

**Mail to:**

Unity Church of Practical Christianity  
9228 Walnut Grove Rd., Cordova, TN 38018