

PLEASE FILL IN AND RETURN

NAME:.....
Mr/Mrs/Miss/Ms

ADDRESS:.....
.....

TELEPHONE:.....

EMAIL:.....

I am transferring from

Church:.....

Town:.....

- I enjoyed the service
- I'd like to know more about Christianity
- I'd like more information about your courses for exploring Christianity.
- I'd like to know more about joining Church of the Resurrection.
- I'd like to know about Small Groups.
- I'd like help in the following way:

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Other comments

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Please return to one of the Welcomers, or mail to us; 1 Aristride Ave, Kallaroo WA 6025.