

ALDRSGATE UNITED METHODIST CHURCH CONGREGATIONAL CARE REQUEST FORM

Please use this form to let Pastor Denise and Congregational Care Coordinator Mary DeLancey know of any care needs in your life or in the life of someone you know. Completed forms can be returned to the church office.

Today's Date: _____

This referral is for Me Someone Else

Reason for Referral: _____

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Your Contact Information*

**Your contact information is necessary to process the referral. Care receivers feel more comfortable talking to us if they know who referred them.*

Name: _____

Address: _____

Phone: _____ Email: _____

Person Being Referred (if not yourself)

Name: _____

Address: _____

Phone: _____ Email: _____