



COFFEE, CAKE & CONVERSATION RESPONSE

*Please share your thoughts on each ministry.
Would you be interested in participating? Do you have any specific requests or ideas?*

Social Ministry:

Small Group Ministry:

Practical Needs (Car Care/Home Maintenance):

Card & Book Ministry:

I would like to join:

___ *Small Group Ministry*

___ *Social Ministry*

Please rank your widow's ministry needs in order of importance, from 1-5, with 1 being the most important.

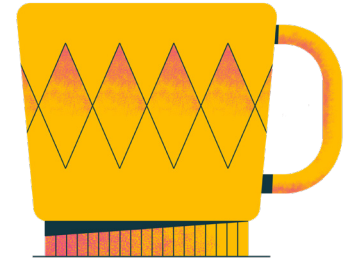
___ *Car Care Ministry*

___ *Card & Book Ministry*

___ *Home Maintenance Ministry*

___ *Small Group Ministry*

___ *Social Ministry*



Name: _____

Home Church: _____

Phone Number: _____

Email: _____

Address: _____

Do you work? Yes No

If so, what is your occupation? _____

How long have you been widowed? _____

Does your church have a widows program? _____