



Middlesex United Methodist Church Connection Card – May 4, 2025

Good Morning and Welcome!

We are so glad you are joining us today!

Please complete and place in the designated container. Thank you!

Name _____

Children _____

Guest: 1st time ____ 2nd time ____ 3rd time ____ Regular Attender ____ Member ____

☐ **Please complete the following if you are a guest; or if your information has changed.**

Age Group: ____ under 20 ____ 20s ____ 30s ____ 40s ____ 50s ____ 60s ____ 70s and up

Birthday (month/day) _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Occupation _____

** We are always excited when we meet new friends! How did you hear about Middlesex UMC?*

INFORMATION REQUEST:

____ Looking to begin a relationship with Jesus Christ

____ Life Groups/ Sunday School

____ Baptism / Church Membership

____ Would like a visit/conversation with a Pastor

____ Ways to *Plug-In* at MUMC

____ Sign up for MUMC's weekly E-note

____ More information on job openings

Sponsorship opportunities

____ Sunday's Bulletin (Contact the church office for available dates)

____ Altar Flowers

____ Offering Envelopes

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SERVE: Here I am Lord

Worship:

___ I would like to help with worship Services by:

- | | |
|-------------------------|-----------------------|
| ___ Reading scripture | ___ Serving communion |
| ___ Preparing communion | ___ Ushering/Greeting |
| ___ Acolytes | ___ Tech/sound team |

Missions:

___ I will help serve breakfast for Community CARES ___ I will provide food for the Community CARES breakfast **1st Saturday of each month**

Congregational Care:

- ___ I would like to help with visitation of shut ins.
___ I will provide Meals for the Meal Ministry

Facilities:

___ I would like to serve on the Facilities team

Events:

___ I will serve on the Community Engagement Planning Team on **the 3rd Monday of each month at 6:30pm in rm 101.**

___ I Will attend Golden Lights Luncheon on Mon. 5/5 @ 12pm to 2pm

___ I will volunteer to help with **VBS on June 16-19**

CONNECT & GROW:

My child _____ will attend Ignite 1st and 3rd Sunday's @ 6pm to 8pm

_____ will attend the Men's group Breakfast **1st Sat. of ea. month**

_____ will attend Chair Yoga on **Tuesdays @ 11:30am, rm 101**

_____ will attend Book study "The Gift of Years" **Wednesdays @ 2:30pm** (The women's Wednesday morning group will be joining this study in place of the morning meeting time.)

_____ will attend the Spread The Love Prayer Shawl **ministry 3rd Wednesday's at 6:00pm** in the lower level in the nursery.

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Name of person making the request: _____

☐ *I would like this prayer request added to the MUMC Prayer Sheet.*

☐ *I need a prayer shawl/chemo cap*

for _____.

Prayer Requests/Comments

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a guide for handwriting or typing. The paper itself is a clean, off-white color.

Name of person making the request: _____

☐ *I would like this prayer request added to the MUMC Prayer Sheet.*

☐ *I need a prayer shawl/chemo cap*

for _____

Prayer Requests/Comments

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Prayer Request Card

(Your Prayer requests can be placed in the offering plate or in the offering box in the back of the Sanctuary.)



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