

Middlesex United Methodist Church Connection Card - September 29, 2024

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: 1 st time 2 nd time 1 Please complete the follow has changed.	_			
Age Group: under 20 20 Birthday (month/day)	s30s40s50s	60s70s and up		
Mailing Address		-		
City				
Phone Occupation				
* We are always excited when we med	et new friends! How did you he	ear about Middlesex UMC?		
INFORMATION REQUEST:				
Looking to begin a relations	hip with Jesus Christ			
Life Groups/ Sunday School				
Baptism / Church Membership				
Would like a visit/conversation with a Pastor				
Ways to <i>Plug-In</i> at MUMC				
Sign up for MUMC's weekly E-note				
More information on job op	enings			
<u>Sponsorship opportunities</u>				
Sunday's				
Altar Flowers				
Offering Envelopes				
Painting Supplies (Facility p	project)			
Food for our various minist	ries			

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Guest: 1st time_	<u>2nd_time</u> _	3 rd	time _	Reg	ular Atte	ender _	Member
□ Please com	olete the fo	llowing	g if you	u are a	guest;	or if yo	our information
<i>has changed.</i> Age Group:	under 20	20e	30e	4 0e	50e	60s	70s and up
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	INFO	RMA	TIO	N RI	E O U	EST:	
Lookina ta	INFO					EST:	
Looking to	begin a rela	ationship				EST:	
Looking to	begin a rela	ationship School	with Je			EST:	
Life Group	begin a rela os/ Sunday S Church Men	ationship School nbership	with Je	esus Ch		EST:	
Life Group	begin a related by Sunday Sund	ationship School nbership ersation	with Je	esus Ch		EST:	
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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 11/2 ___ I will provide food for the Community CARES breakfast 11/2 ____ I will attend the Spread the Love ministry 10/16 **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 ___ I will help Cut Grass for the church **Events:** I will serve on the Community Engagement Planning Team on 9/30 at 6:30 pm in room 101. ___ I will volunteer for Happy Feet 10/4 &10/5 ___ I will attend the meeting for Children/Youth programs 10/7 @ 7pm **CONNECT & GROW:** My child will attend children's church My child _____ will attend Ignite 1st and 3rd Sunday's @ 6pm to 8pm will attend Golden Lights Luncheon 10/7 12pm to 2pm will attend this month's Men's group Breakfast 10/5 will attend Women's Bible study Wednesday Mornings @ 9am _____ will attend the "Chosen" bible study Tuesdays @ 7pm

_____ will attend Zumba Wednesday evening @ 6pm in the gym

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Name of person making the request:	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	☐ I would like this prayer request added to the MUMC Prayer Sheet. ☐ I need a prayer shawl/chemo cap for				
Prayer Requests/Comments	Prayer Requests/Comments				
					
					

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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