

Life-Study Fellowship Foundation, Inc.

Dept. W, Noroton, CT 06820

Founded in 1939

PRAYER HELP FORM

Dear Friends:

Yes, I do have **PERSONAL PROBLEMS** and I want to learn how to meet these **PROBLEMS** triumphantly and successfully, and ask That God will Bless me with more "Good Fortune" in Life through your Life-Study Fellowship Way of Prayer.

I am writing because I do believe God can help me, and I want your Personal Prayer Guidance. So please review my answers to the questions below very carefully, and send me as fast as you can the PRAYERS for "Good Fortune" that will fit my case!

PLEASE MARK ANY QUESTION THAT TROUBLES YOU WITH AN "X"

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Do you seek "Good Fortune" to overcome your Money Problems? |
| <input type="checkbox"/> | 2. Would you like to have the "Good Fortune" of Better Health? |
| <input type="checkbox"/> | 3. Are you in need of "Good Fortune" to get a Better Job? |
| <input type="checkbox"/> | 4. Do you need God's Help in overcoming Alcohol or Drug Problems? |
| <input type="checkbox"/> | 5. Would you like the "Good Fortune" of more Happiness in your Home? |
| <input type="checkbox"/> | 6. Do you have a Secret Wish that you hope God will make come true for you? |
| <input type="checkbox"/> | 7. Do you pray that God will grant "Good Fortune" to your Dear Ones? |
| <input type="checkbox"/> | 8. Would you like more Peace of Mind? To be less tense and nervous? |
| <input type="checkbox"/> | 9. Do you seek God's "Good Fortune" of Peace in the World for all people? |

Please use this space to add anything you wish: _____

Name: _____

Address 1: _____

Address 2: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Or Country: _____

Email: _____

I am sending a donation of \$ _____ (\$10, \$20, \$30, \$50, other) to help support the work of Life-Study Fellowship. We will rush by regular mail your **FREE** "Hands of Prayer" Pocket Piece.

For Your Convenience, Use this Credit Card Order Form.... **VISA or MASTERCARD ONLY**

Please Charge \$ _____ to my: VISA MASTERCARD Expiration Date: _____

Card Number: _____ - _____ - _____ - _____ Signature: _____

MAIL TODAY TO:
Life-Study Fellowship, Dept W, Noroton, CT 06820-4170