

# Printable Prayer Request Form

If you would prefer to mail your prayer requests, you may fill out this form and return it to:

**Rev. Ike Ministries • P.O. Box 55000 • Boston, MA 02205 • USA**

When we receive your prayer requests, the Prayer Family at Rev. Ikes Church will pray over your needs. "... All things, whatsoever ye shall ask in prayer, believing, ye shall receive." - Matthew 21:22

There is no charge for prayer, but this Ministry is supported through the generous tithes and offerings of people such as yourself. If you would like to send an Offering to help support this Church Ministry, please include it when mailing back this form.

You can be sure your prayer requests will be held in the strictest of confidence. Rev. Ike's Prayer Ministers will pray for anyone who asks for help, but if you would like to receive letters from Rev. Ike Ministries and get special Blessing Items every month, become a Prayer Partner by telling us below.

**To submit your prayer request by mail, print the form with the print function of your web browser, fill it out and mail back to: Rev. Ike Ministries, P.O. Box 55000, Boston, MA 02205.**

- MR.    MISS  
 MRS.    MS.  
 MR. & MRS.

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET #	STREET NAME	APT. #	RT #	BOX #

<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP

- I would like to become a member of the Church By Mail Prayer Family.  
Please send me letters from Rev. Ike Ministries.**
- I would like to receive email updates and news about Rev. Ike's products.**

Email address:

Prayer Request(s):

**How did you hear about Rev. Ike Ministries?** \_\_\_\_\_

Do you know some loved ones, friends, or some other people who would appreciate receiving letters and prayers from Rev. Ike's Church Ministry? If so, write their name and addresses below.

- MR.    MISS  
 MRS.    MS.  
 MR. & MRS.

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET #	STREET NAME	APT. #	RT #	BOX #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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