

The Episcopal Church of St. James the Less

Northfield, Illinois

Prayer Request Card

Date: _____

Your Name: _____

Name of person to pray for:

Connection/Relation: _____

Reason for request (type of illness or need)

Check box to include reason in weekly prayer list.

In order to keep the prayer list reflecting current needs, individuals added to the prayer list will remain on the list for 4 weeks (unless a shorter time is indicated). To extend the prayer request longer, please call the parish office or complete a new request form.