

### Prayer Shawl Ministry Nomination Form

To nominate someone to receive a prayer shawl, afghan, or lap quilt, please complete the following information.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Person's name Address or location
3. Are they (check one) 4. Approximate age of nominee  
 Female \_\_\_\_\_ years  
 Male
5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. Best time to call \_\_\_\_\_  
Your name Your phone number

Please write a few short lines explaining why you think it important that this person receive a shawl.

8. \_\_\_\_\_  
\_\_\_\_\_

*Thank you!*  
*Someone from the First United Methodist Church Prayer Shawl Ministry will contact you.*

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