

**MNA Chaplain Ministries**

**Information Request Form**

**Please fill out and mail to:**

**MNA Chaplain Ministries, 1700 N. Brown Rd, Suite 101, Lawrenceville, GA 30043**

\_\_\_\_\_ Qty Guardian newsletter (bulk or Individual orders) to be sent every quarter.

- Please contact our church about being a prayer sponsor for a Chaplain.
- Please send a copy of the Chaplain DVD.
- Please contact our church about having a guest Chaplain speak, preach or attend our missions conference or committee meeting.
- Please contact me about becoming a member of Chaplain Guardian Corps.
- Please contact me about contributing financially to the ministry.

\_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually

**Church Request**

Person submitting request: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Individual Request**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_