

Encounter Healing Response Card

Please share your thoughts with us.

Use the back for additional comments

What you liked..., How we can make it better..., etc

Please mark each statement below 1-4 with 4 being the best

I enjoyed Encounter Worship 1 2 3 4

I felt the presence of the Holy Spirit here tonight 1 2 3 4

I would attend another service like this if offered 1 2 3 4

Did you feel you received a healing tonight yes no

(If yes please share: \_\_\_\_\_)

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Would you like additional information on:

Continued Healing Prayer and Support?.....\_\_ yes \_\_ no

Our Church and What We Have To Offer You?..\_\_ yes \_\_ no

(If YES, please print contact information)

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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