* + - * Welcome to God’s Closet [name of your chapter]!
* We collect donations all year long.
* We accept children’s clothes, shoes and bedding ONLY; ages newborn to teenager.
* Please donate your gently used children’s clothes to God’s Closet.
* All of our information can be found on our Facebook page: [www.facebook.com/[name of your chapter](http://www.facebook.com/%5bname%20of%20your%20chapter)]
* In order to shop today we are asking each family to pay $1 as an entrance fee. We provide the shopping bags.
* Today we are offering FREE childcare for children ages [please complete]. You can register your children while in line by completing the reverse of this page.
* Please fill out the Admission Card below. [If you complete it and do it in a clear handwriting you will be entered into a drawing to win a fantastic gift.] *please edit accordingly*.
* Do you have a prayer request? We would love to pray with you TODAY.
* God’s Closet happens 4 TIMES A YEAR.  **God Bless You!**
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1. I would like to volunteer: **Yes No**
2. Are you interested in other children’s programming? **Yes No**
3. Would you like to receive Bible Studies? **Yes No**
4. Would you like someone to pray with you? **Yes No**
5. Do you have a prayer request?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE COMPLETE BOTH SIDES

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Family Members including yourself(circle): **2 3 4 5 Other**\_\_\_\_\_\_\_\_\_\_\_
2. How did you hear about us (circle)? **Internet Family Friend Other** \_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE COMPLETE BOTH SIDES

**AD ADMISSION CARD**





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