## Wholeness Through Christ CALL TO INTERCESSION

Intercessory prayer is a ministry that guides Wholeness Through Christ in all that it undertakes in obedient service to the Lord. Intercessory prayer is vital to all that transpires at the Prayer Ministry Courses, Schools, Retreats, Board Meetings, and other events. It is foundational to the administration, teaching, growth and well-being of Wholeness Through Christ.

If you feel a call of the Lord to become an intercessor for Wholeness Through Christ, please complete the bottom part of this sheet and return it to the Intercessor Coordinator. You will then be kept informed of prayer needs as they arise, in the specific area(s) that you feel led to intercede ("Group 1" and/or "Group 2"). Near the end of each year, you will be contacted to see if you feel led to continue as an intercessor for the upcoming year. (**Note:** If you feel led to "change groups" at any time, please notify the Intercessor Coordinator.)

**Group 1** – <u>WTC events and the ongoing ministry of WTC only</u> (eg: WTC Retreats, Prayer Ministry Courses, Schools of Prayer Ministry, Gatherings; administration, finances, board members; communications, future expansion, event locations, those who will receive WTC ministry)

**Group 2** – <u>"WTC family" needs only</u> (e.g. immediate family illnesses / issues, WTC folks participating in non-WTC events and missions, etc.)

Please consider this prayerfully at this time. We shall be very grateful for your response.

| WHOLENESS THROUGH ☐ I feel led to be an interc             |                                 | •                     | •                           |
|--|---------------------------------|-----------------------|-----------------------------|
| ☐I feel led to be an interce                               | essor in <b>Group 2</b> for the | e work of Wholene     | ss Through Christ.          |
|  |                                 |                       |                             |
| Signed:  |                                 |                       | <u> </u>                    |
| or ☐ By checking this box I ag though it was penned. Name: |                                 |                       | ents my signature as        |
| Address:Prov or State:                                     | Postal / Zin Codo:              | City:                 | <del></del>                 |
| Telephone / cell phone #.: _<br>Email address:             |                                 |                       | uted to any other parties.) |
| (Note: Your personal information                           | auon is kept confidentia        | arana is not distribu | ned to any other parties.)  |

Please email your completed form to:

intercessors@wholenessthroughchrist.com