

# REQUEST FOR VISIT

**Would you please provide a speaker from the Leprosy Mission to speak at the following meeting:**

Sunday Service

Sunday School

Midweek Service

Youth Organisation

Ladies Meeting

Other \_\_\_\_\_

**Distance or the size of the meeting is unimportant!**

Church \_\_\_\_\_

Minister \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates Suggested \_\_\_\_\_

Time of Meeting \_\_\_\_\_

Would a video or slides be useful?

Yes

No

**Please complete and return to Joy Jamieson at the office.  
Or alternatively ring the office on 028 9262 9500**

**THE LEPROSY MISSION**

Lagan House, 2a Queens Road, LISBURN BT27 4TZ