



***Greeting in the name of
Jesus Christ our Lord***

We, the members of Grace Emmanuel, have a spirit of oneness, togetherness and are excited about the Lord. We embrace our Lord with full-hearted love and devotion to our family and community. We welcome you to share with us the love of God.

The purpose of our church is to glorify God, evangelize, embrace Godly living, and elevate society. We do this by being “Christ-like,” obeying the word of God, sharing in worship, discipleship, and interceding for the winning of the lost. Our lives should be spirited-filled abounding in the fruits of the spirit. (Galatians 5:22)

Dr. Rabon Lindell Turner, Pastor

Referral Form

Name:
 Frist _____
 Last _____
 Address: _____
 City _____ Zip _____
 Best Contact #: _____

Family size: _____

Male (s) _____
 Ages: 0-4 _____ 6-11 _____
 12-17 _____ 18-25 _____
 26-35 _____ 36-40 _____
 41-45 _____ 46-50 _____
 51-59 _____ 60-69 _____
 70-79 _____ 80-89 _____
 90+ _____

Female (s) _____
 Ages: 0-4 _____ 6-11 _____
 12-17 _____ 18-25 _____
 26-35 _____ 36-40 _____
 41-45 _____ 46-50 _____
 51-59 _____ 60-69 _____
 70-79 _____ 80-89 _____
 90+ _____

*There may be times when specific sizes are not available, we will do our best to accommodate all request.

Referring Agency

*Agency Name: _____
 *Authorize Person: _____
 Email: _____
 *Contact # _____
 Priority: _____

___ Emergency ___ Referral
 *All referrals must have an authorized signer and contact number.
 Date: _____

**Submit referral to fax # 810-743-2212
 or online referral at
www.graceemmanuelbaptistchurch.org**

Type of Assistance:
 ___ Clothes ___ Food ___ Rent
 ___ Utilities ___ Medical
 Comments: _____

Services available once every 60-days

Hours of Operations
1st Saturday of the Month
Time: 10:00 am—2:00 pm
Fax 810-743-2212

Emergency Referral number
***810-853-1802**
****Emergency referral number to be used by referring agencies only.**