

My Private Prayer Need:

Your Name: _____

Please know upon receiving and praying over your need, we will then shred this prayer request. We commit to carry your need before the Lord.

Eph 3:14 For this cause I bow my knees unto the Father of our Lord Jesus Christ,

Eph 1:16 Cease not to give thanks for you, making mention of you in my prayers.

Please return this form to:

Dennis Deese Ministries, Inc ● 1035 Austin Ridge Ct. ● Piney Flats, TN 37686

(Check the appropriate Need) Form 27

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|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Desperate Financial Situation | <input type="checkbox"/> Personal Healing |
| <input type="checkbox"/> Restoration of Family | <input type="checkbox"/> Healing of a family member and their name is: _____ |
| <input type="checkbox"/> My spouse | <input type="checkbox"/> My Season of Grief |
| <input type="checkbox"/> My parent(s) | <input type="checkbox"/> Sell my home |
| <input type="checkbox"/> My Children in Trouble | <input type="checkbox"/> A Better Job |
| <input type="checkbox"/> Protection for Son/Daughter in the War | <input type="checkbox"/> I Need a job |
| <input type="checkbox"/> I'm single and want to find God's spouse for my life | <input type="checkbox"/> My business |
| <input type="checkbox"/> Inner Guilt | <input type="checkbox"/> Wisdom in Hiring Loyal and Competent Help |
| <input type="checkbox"/> Overcome My Wounded Spirit | <input type="checkbox"/> Special Recognition and honor From My Employer |
| <input type="checkbox"/> Overcoming Worry | <input type="checkbox"/> Deliverance from a Stronghold |
| <input type="checkbox"/> Special Wisdom in a Confidential Situation | <input type="checkbox"/> Overcoming a Season of Depression |
| <input type="checkbox"/> Favor for Open Doors | <input type="checkbox"/> We would like to have child |
| <input type="checkbox"/> Debt Cancellation of a Debt I Owe | <input type="checkbox"/> Other |
| <input type="checkbox"/> Serious Weight Problem | _____ |
| <input type="checkbox"/> Troubled Grandchild | _____ |
| <input type="checkbox"/> Confirmation of my assignment and where I belong | |