

Request for International Prayer Partner

Request from US Daughters



Date _____

Requester Information

Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Chapter: _____ Charter #: _____

Contact Name: _____

FIRST

MIDDLE

LAST

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Province: _____ Diocesan Assembly: _____

We are / I am (check one): a Senior Chapter a Junior Chapter a Daughter at Large

Request Prayer Partner in:

Country choice: _____

(Check DOK website for available countries)

Or pray for starting chapters in: _____

(Check DOK website for available countries)

Language preference: English Spanish Other: _____

(Please specify)

Submit completed form to the National Office attn: Prayer Partner Coordinator via mail, fax or email:

101 Weatherstone Dr, Ste 870, Woodstock, GA 30188 ♦ Fax: 770.517.8066 ♦

Email: prayerpartners@doknational.org