



# DECISION CARD

Ribbons the Clown Ministries

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ age \_\_\_\_\_

Email \* \_\_\_\_\_

Born Again \_\_\_ Rededication \_\_\_ Holy Spirit \_\_\_

Healed \_\_\_



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