

Request for Duplex Envelopes

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone #: _____

Birthdate: _____

Month/Date /Year

Month | Date | Year you joined Providence: _____

Duplex # _____ I need a duplex number _____

Please return completed form to:

- (1) Email: secretary@providencecares.org
- (2) You can drop the form in our mailbox or
- (3) You can mail your completed form to:

Providence Baptist Church of San Francisco

Attn: Sister Janet E. Thomas

1601 McKinnon Avenue

San Francisco, CA 94124

You will be contacted when they are ready for pickup.

Thank you, Sister Thomas