**The Original Cape Fear and Southwestern Free Will Baptist**

**Home Mission Convention**

**Dialysis Patients**

**Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of Members Only Who are On Dialysis: (Please type or print names)**