



Presbyterian Women of Tres Rios Presbytery
RECOMMENDATION FORM

NAME _____

MAILING ADDRESS _____

Street/ P.O. Box

City

State

Zip code

Home Phone

Work Phone

E-mail

CHURCH: _____

AGE: (Please circle) 20-3 30-40 40-50 60-70 70 or above

PASTOR O PRESENT ACTIVITIES: _____

RECOMMENDATION SUBMITTED BY:

NAME _____ PHONE _____

CHURCH _____

Return to: *Search Committee Chair
Roberta James
410 Poplar Street
Sonora, TX 76950*