



QUAIL SPRINGS

UNITED METHODIST CHURCH



Full Name(s): _____

Address: _____

City/State _____

Zip: _____

Phone(s): _____

Email(s): _____

I want to know more about
QSUMC/The United Methodist Church!

I want to speak with a pastor!

I have a prayer concern.

I want to make a contribution to QSUMC!

Please add me to the QSUMC mailing list.

Email completed card to admin@qsumc.org

