

Dr. Peter Vourliotis



Yes! *I would love to honor Dr. Peter on his 50 years of ministry*

Name _____ Address _____

City _____ State _____ Zip _____

E-mail _____ Phone () _____

Please provide your e-mail as we would love to send you our **monthly newsletter** with **news, events**, and Dr. Peter's **ministry updates** and **devotionals**.

Price: **\$30** per person - Number of Guests ____ Total enclosed \$ _____

Choose your meal/s - mark # of each (choices are not guaranteed after 4/1/19)

Tri tip steak

Chicken

Vegetarian

Checks payable to: **Greek Assembly/Greeks For Christ, P.O. Box 6536, Oakland, CA 94603**

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