

Connection Card



☐ This is My First Time at Highlands

Please Print

My Name _____

☐ Male ☐ Female Birth Date ____ / ____ / ____

☐ Married ☐ Single

Mobile Number () _____

Email _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

The Next Step In My Spiritual Journey:

Please send me more information about my next step.

- ☐ Expressing my faith in Jesus. I want to be baptized the way Jesus was baptized as my public declaration of faith in Him.
- ☐ Learning more about becoming a member of Church of the Highlands.
- ☐ Discovering how I can be part of a Small Group.

How can we pray for you? ☐ Confidential

2024 Annual Easter Survey

I'd like to hear messages about:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> The Holy Spirit |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> End Times |
| <input type="checkbox"/> Revival | <input type="checkbox"/> Spiritual Warfare |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Sharing My Faith |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Miracles | <input type="checkbox"/> Navigating Culture |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Understanding the Bible |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Healthy Conflict |
| <input type="checkbox"/> My Identity | <input type="checkbox"/> Other: _____ |

How long have you been a part of Church of the Highlands?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> <1 Year | <input type="checkbox"/> 7-9 Years |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 10-14 Years |
| <input type="checkbox"/> 4-6 Years | <input type="checkbox"/> 15+ Years |

- ☐ A ☐ B ☐ C ☐ D
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