



The Annual  
**NATIONAL DAY OF PRAYER**  
*First Thursday of May*

**SUPPORTED BY:**

Adventist GlenOaks Hospital Mission and Ministry Department

Kiwanis Club of Addison

Addison Chamber of Commerce and Industry

Bloomington Chamber of Commerce

Carol Stream Chamber of Commerce

Glendale Heights Chamber of Commerce

Glen Ellyn Chamber of Commerce

Allegra Marketing/Print/Mail of Glendale Heights

**SEATING IS LIMITED!**

Please register by April 27th

**TO REGISTER:**

Call the Physician Referral Call Center at 630.856.7525

Or mail your completed form with payment to:

Physician Referral Call Center  
15 Spinning Wheel Road  
Suite 212  
Hinsdale, IL 60521

Register online at [www.keepingyouwell.com/AGHprayer](http://www.keepingyouwell.com/AGHprayer)



**7:30 – 9 am**

**Glendale Lakes Golf Club**

1550 President St., Glendale Heights, IL 60139

**Join us for breakfast and reflection with Karin Syren, CTACC**

Karin Syren is a Strategic Planning Coach working with leaders at all levels, challenging them to reach their full potential through both private and group programs. Karin has been a biblical counselor for 13 years, and is an instructor/curriculum developer at Life Changes Bible College, Hoffman Estates, IL. She is on the editorial staff of *Inspired Women Magazine* and has authored several books; most recently released is *The Bible Minute*.

Be sure to join us for this wonderful opportunity to gather together with the leaders of our communities with which we serve to pray for our nation and its future.

**We extend a special invitation to our country's veterans and active duty military in recognition of their service to this country.**

**Musical Performance by Marilyn DeStefano**

Marilyn DeStefano is a social worker at Adventist GlenOaks Therapeutic Day School, and former professional singer with Lyric Opera of Chicago.

**I Plan to Attend The 2012 National Day of Prayer Breakfast**

**\$20 per person • \$200 - table of ten**

**\$15 for veterans and active duty military**

Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Sorry, I/we cannot attend. Please accept my donation of \$ \_\_\_\_\_ to help sponsor other members of our community to attend.

Enclosed is my payment of \$ \_\_\_\_\_ in the form of (circle one)

Cash    Check (payable to Adventist GlenOaks Hospital)

Visa    Mastercard    Discover    American Express

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_