



**Carolinas CARE Partnership and St. Luke's Missionary Baptist Church  
Invites you to the**

# **Week of Prayer for the Healing of AIDS Breakfast**

Your house of faith representative(s) are invited to join us for fellowship and unity as we bring local attention to the AIDS epidemic in the United States and the extraordinary role faith communities can play in addressing the HIV and AIDS pandemic.

**The National Week of Prayer for the Healing of AIDS (March 1-4<sup>th</sup>)** is the coming together of all people of faith to unite with purpose, compassion and hope. Through the power of faith we will educate all about HIV prevention facts; encourage and support HIV testing; advocate for the availability of compassionate care and treatment for all those living with the disease; and love unconditionally all persons affected by HIV/AIDS.

**Let us Pray, Educate and Reduce the Stigma Together!!**

**A breakfast will be provided and the program begins at 9:30 am.**

Tickets: No costs but **it is appreciated if donations are collected to support the work of Carolinas CARE Partnership.** Toolkits can be provided to assist in educating your congregation about the facts and need in our community.

**Thursday, March 3, 2016<sup>th</sup>  
9:30 a.m. to 11:00 a.m.**

**St. Luke's Missionary Baptist Church, 1600 Norris Ave, Charlotte, NC  
28206**

Space is limited. Please R.S.V.P. by February 26, 2016 to  
Leshia Dodson , [LeshiaD@carolinascare.org](mailto:LeshiaD@carolinascare.org) or call 704-496-9578,  
[www.carolinascare.org](http://www.carolinascare.org)



# Week of Prayer Breakfast

## Participation Form

Church Information (please print or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

Please answer the following

- We plan to attend the March 3, 2016 breakfast. We will have \_\_\_\_ attending (limited to 5 per church)
- We plan to collect donations for Carolinas CARE Partnership.
- We will need an educational toolkit to share with our congregants.

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

- I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
*Signature(s)*

\_\_\_\_\_  
*Date*

Please make checks, corporate matches,  
or other gifts payable to: Carolinas CARE Partnership, 5855  
Executive Center Drive, Suite 101, Charlotte, NC 28212

*Week of Prayer Breakfast*  
**1600 Norris Ave**  
*Charlotte, NC 28206*