

## RESPONSE PAGE

**Your Name** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

Thank you so much for reading *THE SPIRIT WORLD*. If you have enjoyed this book, please let us know how it has helped you.

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We would also request that you tell us how you feel about Jesus Christ. Have you experienced the miracle of forgiveness and eternal life through repentance and faith in Him? If you have, do tell us about it.

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# YOUR COMMENTS AND QUESTIONS

*Perhaps you would like to express your personal comments about these lessons. If so, respond to each as you are directed.*

- 1 Have you understood God's plan of salvation and accepted Jesus as your Savior before starting to study Lesson 1? Y / N
- 2 If you did not, did you accept Jesus as a result of studying these lessons? Y / N
- 3 If you have not accepted Him yet, will you accept Him now? Y / N
- 4 Would you like to have an address of a group of Jesus Followers in your area? Y / N
- 5 These lessons include many truths about God. Which has/have been the most help to you in your life right now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6 If you like, state a special need or problem that you would like a follower of Jesus to pray about with you. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
- 7 Would you like to have information about other courses like this that you can study? Y / N

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***Congratulations on having finished these lessons and completed the Lesson Review Questions. Send the answer sheets to your local ICI director or office whose address is shown on page 2.***

***May God bless you as you love and serve Him.***



**SEND US THE NAMES AND ADDRESSES OF  
YOUR FRIENDS**

**WE WILL SEND THEM LESSON 1 OF**

**“THE SPIRIT WORLD“**

Print Clearly \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Province or State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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Last Name \_\_\_\_\_

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\_\_\_\_\_

City \_\_\_\_\_

Province or State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**Your Last Name** \_\_\_\_\_

**Your First Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_

**Province or State** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_

