GOD SIGHTINGS AND BLESSINGS

Date: _____

Name: _____
(Optional but preferred)
(When completed please give to Fr Michael)

1. Where did you think you saw God this Week?
   Tell the story here:

2. How did God use someone to bless you this week
   (whether they knew it or not)?
   Tell the story here:

3. How did God use you to bless someone else this week?
   Tell the story here: