

[Richard Luna](#)
903-597-2571

Secretary:
[Karol Johnston](#)
Cell: 903-521-0236

Treasurer:
[David McPherson](#)
Home: 903-316-4272

Music Coordinator:
Mac Walling
Work: 903-885-9803

COMMITTEES

(Board Member is chair of designated committee)

Agape (gift – banquet -
afterglow):
[Carol Derieux](#)
903-445-0295

Agape (wall letters, etc.):
[Janis Johns](#)
Cell: 817-714-8208

Babe Chick Training: [Bubba DeBerry](#)
Cell: 903-256-7080

Book Table (Scroll
consignments):
[Robin Gillian](#)
Cell: 903-574-0829

Community Trailer:
[Chuck Reed](#)
Home: 903-845-8128
Cell: 903-918-4196

Gathering Coordinator:
[Shawn Heatherly](#)
Home: 903-297-3005

Newsletter Editor:
[Karol Johnston](#)
Home: 903-963-7313
Cell: 903-521-0236

Prayer Vigil:
[Janis Johns](#)
Cell: 817-714-8208

Publication Coordinator:
[Babby Carroll](#)
Home: 903-983-3841
Cell: 903-424-1641

Sponsorship Training:
[Jim Buchanan](#)
Home: 903-930-2360

Team Selection-Board
Nominations:
[Mark Bewley](#)
Home: 903-451-2804
Cell: 214-282-7593

Walk Crosses/Dove
Nametags:
[Elizabeth Minor](#)
Home: 903-657-8112
Cell: 903-720-1740

Reunion Groups:
[Tommy Ferguson](#)
Cell: 903-256-7296

Non- Board (no restriction)
Positions

Registrar:
[Jim & Betty Buchanan](#)
Home: 903-938-1421
Cell Jim: 903-930-2360
Cell Betty: 903-930-2678

Webmaster: [Mark Bewley](#)
Cell: 903-522-0782

GRACE EMMAUS

The G.R.A.C.E. Emmaus Community wishes to continue to spread the life changing experience that an Emmaus weekend can deliver. Won't you help us by donating funds for scholarships for both Pilgrims and team members, or the general fund of our community?

We are asking you to consider donate \$5, \$10, \$25 monthly or whatever amount you would like to set the donation to. This monthly donation will be debited automatically from your bank account on or about the 15th of the month.

Thank you for your continued support of our Emmaus community.

DeColores

PLEASE COMPLETE THE INFORMATION BELOW:

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

BANK INFORMATION

I (We) hereby authorize GRACE Emmaus to initiate debit entries to my (our) checking account indicated below. The amount will be charged monthly. This authority is to remain in full force and effect until GRACE Emmaus receives written notification of its termination.

Monthly gift amount \$ _____

Date _____

Signature _____

Fill out information below or attach voided check

Depository Name _____

City _____ State _____ Zip _____

Account # _____

Transit/ABA # _____