hungry

fasting to make a difference

Fasting from: _____

Fasting for:

Myself:	Others (Family, Small Group, Church, Friends):

Feasting on:

What:	When:	How:

Fasting Plan

Duration: _____

Foods I am going to avoid:	Foods I am going to enjoy:

Breakfast Ideas:	Lunch Ideas:	Dinner ideas:	Snack ideas:

Need ideas? Check out
www.daniel-fast.com

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