

Event Date: _____

Location: _____

GET INVOLVED!

Please Print.

Name _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Church Attending _____

Check areas of interest below. We will contact you soon about your requested information.

- | | | |
|--|--|---|
| <input type="checkbox"/> Newsletter mailing list | <input type="checkbox"/> Smart Programs (healthy relationship presentations) | <input type="checkbox"/> Special events |
| <input type="checkbox"/> E-newsletter mailing list | <input type="checkbox"/> Healing Tide Abortion Recovery | <input type="checkbox"/> Mobile driver |
| <input type="checkbox"/> Prayer partner | <input type="checkbox"/> Volunteer opportunities | <input type="checkbox"/> Other _____ |

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