

BABY BOTTLE CAMPAIGN CHURCH PARTICIPATION FORM

Please specify the date(s) your church would like to participate with the
Women's Resource Medical Centers of Southern Nevada in a Baby Bottle Campaign.

Sanctity of Human Life
Sunday, January 15, 2017

Mother's Day
Sunday, May 14, 2017

Father's Day
Sunday, June 18, 2017

Fall Campaign
Sunday, September 9, 2017

We will be participating on a date not listed above: _____

We are requesting # _____ Baby Bottles and # _____ Bulletin Inserts to be:

- Dropped off at the Church.
 Picked up at the WRMCSN.
 No, we will not be able to participate in a baby bottle campaign, but we would like to bless the Women's Resource Medical Centers by having a church wide baby shower or by giving a donation of \$_____.

We would also like the following materials to help us launch the Baby Bottle Campaign:

- WRMCSN Display Board.
 Schedule a WRMCSN representative to be available with display table.
 Schedule a WRMCSN speaker to speak briefly (5 minutes) during our church service.
 Receive a DVD (30 seconds) to play for congregation.

Church Name: _____

Pastor's Name: _____ Pastor's E-Mail: _____

Church Liaison: _____ Liaison Phone/E-Mail: _____

Church Address: _____

Phone: _____ Fax: _____ Church E-mail: _____

Thank you for your faithful partnership in helping save the lives of the unborn in our local mission field! The Women's Resource Medical Centers of Southern Nevada has been purposed to provide Truth, Hope and Love to END the demand for abortion in Southern Nevada.

YOUR PARTNERSHIP MAKES A DIFFERENCE!



Please fax or email completed form to:

WRMCSN / Attn: Meagann Garvin

Fax: (702)386-2139

Phone: (702)366-1247, option 5 / E-mail: meagann@wrmsn.org

For Office Use Only:

P/U or D: _____

Symbol: _____