

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 21, 2018

Mother's Day
Sunday, May 13, 2018

Father's Day
Sunday, June 17, 2018

Fall Campaign
Sunday, September 9, 2018

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

- 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 giving a donation of \$_____ to go toward the success of this campaign.

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

- Dropped off at the Church.
 Picked up at the WRMCSN.

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 (3 to 5 minutes) during our church service and table display.
 YouTube link with client testimonies.

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: Ashley Trim

Fax: (702)386-2139

Phone: (702)366-1247, / E-mail: ashley@wrmcsn.org

For Office Use Only:

P/U or D: _____

Symbol: _____