

# 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.

Date church will be participating \_\_\_\_\_

**Sanctity of Human Life**  
Sunday, January 24, 2010

**Mother's Day**  
Sunday, May 9, 2010

**Father's Day**  
Sunday, June 20, 2010

- Yes, I would like to participate in a baby bottle campaign. I would like to reserve \_\_\_\_\_ *bottles* and \_\_\_\_\_ *bulletin inserts* (Please hurry as supplies are limited.) Display Boards also available yes / no (cir)
- Yes, I would like schedule a Women's Resource Medical Centers' speaker to speak for *five minutes (or less)* during our church service. (Speaker notes available for review upon request.)
- Yes, I would like to receive a *three to five minute* DVD of client testimonies to play for my congregation.
- 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 \$ \_\_\_\_\_.

Pastor's Name: \_\_\_\_\_

Church Liaison: \_\_\_\_\_ Liaison Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Thank you for your faithful partnership in saving the lives of the unborn!**

Please fax completed form to:

Women's Resource Medical Centers of Southern Nevada

Fax: (702)386-2139

Phone: (702)366-1247, ext. 1004

E-mail: michelle@wrmscn.org

For Office Use Only:

P/U or D: \_\_\_\_\_

Symbol: \_\_\_\_\_