

*** LIFE ADVOCATE NAME:**

ADDRESS:	STATE:			
CITY:	ZIPCODE:			
EMAIL:	PHONE #:			
* NAME OF CHURCH:				
ADDRESS:	STATE:			
CITY:	ZIPCODE:			

Please answer the questions below (attach additional pages if needed)

1. Please tell us the resources you used to communicate the life message with your congregation in the past year, e.g., Life Quotes, Life Notes, articles, personal announcements, etc.

2. Please share the means of communication you have used in sharing the life message with your congregation, e.g., bulletin announcements/inserts, church newsletter articles, etc.

3. What life-affirming activities have you helped plan for your congregation?

4. Please evaluate your personal activity level as a Life Advocate in 2023. (circle one)					
☐ Very Active	Somewhat Active		Inactive		
5. Please provide a brief explanation of your answer to question					
6. Are you able to co	ontinue as a Life Advoc	ate at y	our church? Y	ES/NO	
If yes, we thank yo	u and praise the Lord for	your cont	tinuing life-affirming s	ervice.	
If no , we are most g following questions.	grateful for your dedicated :	d service.	Please help us by ans	swering the	
Do you have a sug	gestion for a replacem	ent?	YI	ES/NO	
If yes, please answ	ver these additional que	stions.			
Information on you	ur suggested replacemei	nt:			
Name: Phone:					
Address:					
City:	State:	Z	ip:		
Email <u>:</u>					
* Have you spoken with this person about this?			YES/NO		
* Have you spoken with your pastor about this?		YI	YES/NO		
maintained by making inc. and can be accord	, ,	ny amoun bsite (DOI 364-5433.	t) or a monthly sponsor NATE tab) or calling our	ship gift to LFL, $$	
	e following administrat Send via email (list address)		stions. via USPS (list address)	Send to both	
AAR's (Annual Activity Report)			,		
Directions (Bi-Monthly)	Send via email (list address)		via USPS (list address)	Send to both	
LifeDate	Bulk quantity desired	Preferre	d Bulk Shipment Address		

(Quarterly)