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* LIFE CHAPTER NUMBER:

ADDRESS		PHONE #
CITY		EMAIL
STATE	ZIP CODE	ADD'I EMAIL
PERSON FILLING OUT FORM		WEBSITE URL

Is this a new Chapter Address, Phone Number, or Email Address? Yes_____ No _____

Current Life Chapter Officers & Current Positions:

Please remember we encourage all Life Chapter members to actively join Lutherans for Life. Membership is maintained by making an annual donation (of any amount) or a monthly sponsorship gift to LFL, Inc. and can be accomplished by visiting our website (DONATE tab) or calling our national office at (888) 364-5433.

* Please include ALL Chapter members. (Attach additional pages if needed)

NAME	POSITION	ADDRESS	PHONE	EMAIL	NEW YES/NO
	President				
	Vice President				
	Secretary				
	Treasurer				

Continued...

Pastoral Advisor		

* Please list all congregations your Life Chapter regular serves. (Attach additional pages if needed)

CONGREGATION	CITY	STATE	PASTOR

1. How often does your Chapter meet?

Never	Monthly	Every other month	Quarterly	Other (list times)

2. Describe your Life Chapter meetings.

Regular	In-Person	In-Person at	Via email conversations	Via Zoom or other	Via phone	Other
Meeting Time	at a home	your church		'online' service	calls	(list)

3. Please self-evaluate your Life Chapter Activity Level: (check one)	3. Pl	ease sel	f-evaluat	e you	Life	Chapter	Activity	Level:	(check	(one)	
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	Very Active		Somewhat Active		Inactive
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4. Please provide a brief explanation of your answer to question 3.

5. Please share the events and activities your Chapter completed in 2023. Share as many details/descriptions as you like. Please feel free to share pictures and comments about the event and include these with your AAR. (Include more pages if needed)

Event / Date	Details/Descriptions	Number of Participants/Attendees

6. Blessings discovered in 2023 – How has God blessed your Chapter or activities in 2023? Where did you find your greatest satisfaction? In what ways did the Lord multiply your efforts or open new opportunities to share His love for life? What can you share with other Life Chapters to aid in their experiences and activities?
7. Please share any questions or comments that have not already been addressed.
8. Whom may we contact from your Chapter for interviews via phone or Zoom, to discuss your activities or describe an event? (Please provide contact information)

Chapter Business Information:

* What is the Employee Identification Number (EIN) for your chapt	ter?
If you no longer have one, please call the LFL office at 888-364-5433 or	515-382-2077
* Are you filing the 501c3 <i>IRS form 990-n</i> (required for maintaining	g 5013c3 status) annually? YES/NO
If not, what year was this form last submitted?	
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★ Do you have copies of your Chapter Constitution and By-laws?	YES/NO
If any addendums have been made, do you have copies?	YES/NO

* Please update the following administrative questions.

AAR's (Annual Activity Reports)	Send via email (list address)	Send via USPS (list address)	Send to both	Send to (list position or name)
Directions Newsletter (Bi-Monthly)	Send via email (list address)	Send via email (list address)	Send to both	(Optional) Send to all members USPS EMAIL BOTH
Life Date (Quarterly)	Bulk quantity desired	Preferred Bulk Shipment Address	Contact best phone	Contact Email
Remittance Reports	Send via email (list address)	Send via USPS (list address)	Send to both	

As a reminder, an Annual Activity Report must be submitted annually. Please have your AAR 2023 mailed back to the national Lutherans For Life office (1101 5th St., Nevada, IA 50201-1816) by May 30, 2024. If you fill out the AAR online, please have it completed by May 30, 2024, as well. The online link is found at https://lutheransforlife.org/frontlines/.

Thank you for helping us keep our records updated in a timely manner. May God bless your life ministry!

