



ID: _____

Check box to receive
Remittance Reports via email

Life Chapter’s Contact Information

Life Chapter Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Person Completing Form: _____

Life Chapter Officers and Members

President Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Vice President Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secretary Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Treasurer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pastoral Advisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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Address: _____ City: _____ State: _____ Zip: _____

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Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Add additional members on page 4.

Churches Your Life Chapter Serves

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Add additional members here:

1. How often does your Life Chapter meet?

- Monthly
- Bi-monthly
- Quarterly
- Other _____

2. How does your Life Chapter meet? (Check as many as apply.)

- In-person at church
- In-person at a home
- Zoom or other online service
- Other _____

3. Self-evaluate your Life Chapter's activity level.

- Very active
- Somewhat active
- Inactive

4. Provide a brief explanation of your answer to Question 3.

5. Share projects your Life Chapter engaged in during 2025. (Please feel free to share pictures. Project images can be uploaded on the last page or emailed to anicks@lutheransforlife.org.)

Project: _____ Date: _____ # of Participants: _____

Project Description:

Project: _____ Date: _____ # of Participants: _____

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Project Description:

Project: _____ Date: _____ # of Participants: _____

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Project: _____ Date: _____ # of Participants: _____

Project Description:

Project: _____ Date: _____ # of Participants: _____

Project Description:

Project: _____ Date: _____ # of Participants: _____

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Project: _____ Date: _____ # of Participants: _____

Project Description:

6. Blessings in 2025:

a. How has God blessed your Life Chapter?

b. What was your greatest satisfaction?

c. In what ways did the Lord multiply your efforts or open new opportunities to share His love For Life?

d. What can you share with other Life Chapters that would benefit them based on your experiences?

7. Share any additional information you think would be helpful.

8. Whom may we contact from your Life Chapter for interviews to discuss these projects?

Click on image boxes below to upload project photos.

