

40 DAYS FOR LIFE

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This # is: Home Work Cell

My commitment to the 40 Days for Life Vigil: (Please be specific about days and times if possible)

I would also like to help with (circle your area/s of interest):

- Prayer & Fasting Helping with Vigil management Planning the Kickoff Rally
 Community Outreach Advertising & Marketing Assisting at the Kickoff Rally

My tax deductible contribution to make 40 Days for Life a success:

\$ _____

Mail this completed form to: **Kitsap Human Life, PO Box 715, Poulsbo, WA 98370**, or fax to **360-626-0173**, or bring with you to the **40 Days for Life Kickoff Rally at Holy Trinity Church** on February 20th at 6:00PM.

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