

GET INVOLVED!

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Name _____ Date _____

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Church Attending _____

I give permission to be contact by: Text Call Email

Check areas of interest. We will contact you.

- Print Newsletter E-newsletter Volunteer Opportunities
- Special Events Prayer Partner Mobile Driver
- Healthy Relationship Presentations Men's Programs
- Pregnancy & Infant Loss Support Support After Abortion
- Care Net Table Representative
- Other _____



Go to supportcnps.org/get-involved or scan the code.

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