



**Commitment Card (Please print clearly)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Ministry: \_\_\_\_\_

Website: \_\_\_\_\_

Are you authorized to speak on behalf of the ministry you are representing?

(Circle one)    YES    NO

How many members are in your congregation/ministry? (This question is so that we know how many *40 Days of Love* “Prayer, Care, Share Guides” you will need. Answer as accurately as possible.)

\_\_\_\_\_

Is there any other way that you or the ministry you are representing would like to serve with the ***40 Days of Love*** initiative?

\_\_\_\_\_

(You can also fill out this form online at: [www.40DaysofLove.net/Signup](http://www.40DaysofLove.net/Signup))



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