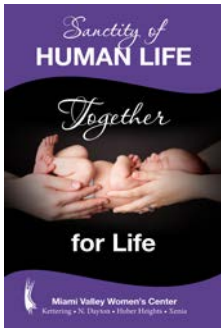


# MVWC *Sanctity of Human Life* Request Form



## STEP 1 – I would like complimentary *Sanctity of Human Life* brochures (while supplies last)

Quantity - \_\_\_\_\_ I need brochures by - \_\_\_\_\_

\*If you are able to pick brochures up at a MVWC location, please check one below:

- Kettering       Huber Heights       N. Dayton       Xenia

## STEP 2 - MVWC speaker presentations (upon availability) - Check one or more requests:

- I would like a speaker for our congregation  
 I would like a speaker for our \_\_\_\_\_ group

## STEP 3 - I would like a client testimony with the presentation (check the testimony of your choice, available in-person or viewable online at [miamivalleywomenscenter.org](http://miamivalleywomenscenter.org)):

- Linda** - In 1986, a pregnant teen chose life despite the pressure to abort (4 min.) (Available in-person)  
 **Kristy** - A pastor's daughter found help and hope to choose life (6 min.) (Available in-person)  
 **Lauren** - An Abortion Recovery Ministry (ARM) client shares God's healing & transformation power (7 min.)(Available in-person)  
 **Cassie** - Although abortion-minded, she chose life despite becoming pregnant under difficult circumstances (4 min.)  
 **Melissa** - The MVWC Prison Ministry Grief & Loss support group helped change her life (4 min.)  
 **Kim** - As a struggling, single, and pregnant mother of two, Kim found help and hope through the MVWC (4 min.)  
 **Daniel** - Despite financial fears, the MVWC prepared Daniel for the joy of raising a new life (3 min.)  
 **Jason** - God used the DADs program to save, disciple, and equip a young dad for fatherhood (4 min.)  
 **Jenny** - MVWC Development Director shares how God used the MVWC to impact her entire family (7-1/2 min.) (Available in-person)

## STEP 4 - Please check:

- I would like ministry table information before and after the presentations (please provide an 8' table if possible)

## STEP 5 – Check the presentation length of your choice (if including a testimony, length should include total time):

- 7 minutes       10 minutes      Other (specify) \_\_\_\_\_

## STEP 6 – Check the date of your choice - Sunday, January: 6 13 20 27

2<sup>nd</sup> choice: \_\_\_\_\_ Other: \_\_\_\_\_

## STEP 7 - Service/Class Time(s): \_\_\_\_\_

STEP 8 - Church Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Hours \_\_\_\_\_ Contact Person/Position \_\_\_\_\_

Contact Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Sr. Pastor \_\_\_\_\_

## STEP 9 - If you would like to support the MVWC, please check any of the following:

- Special offering collection       Monthly giving       *Sanctity of Human Life* gift  
 Baby Bottle Boomerang       Baby Shower       Diaper Drive

STEP 10 – Send your request via - fax (937-298-1644), e-mail (fill form in, save it to your computer, and attach it to an email addressed to: [jenny.shoup@womenscenter.org](mailto:jenny.shoup@womenscenter.org)), mail (2345 W. Stroop Rd., Dayton, OH 45439), or call Jenny Shoup @ 298-9998, Ext. 1111