

1 Contact information

first and last name _____

street address, city, state, zip _____

email address _____ phone number _____

2 My 40 Days for Life vigil location

3 Vigil hours

10/2	S	10/3	M	10/4	T	10/5	W	10/6	Th	10/7	F	10/8	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/9	S	10/10	M	10/11	T	10/12	W	10/13	Th	10/14	F	10/15	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/16	S	10/17	M	10/18	T	10/19	W	10/20	Th	10/21	F	10/22	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/23	S	10/24	M	10/25	T	10/26	W	10/27	Th	10/28	F	10/29	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/30	S	10/31	M	11/1	T	11/2	W	11/3	Th	11/4	F	11/5	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
11/6	S												
am / pm													

4 Sign the 40 DAYS FOR LIFE pledge



During these 40 days, I pledge to stand united with people of faith — across the entire world — to pray, fast and publicly stand up for the sanctity of human life.

signature _____

After filling out this card, you will receive follow up information about 40 Days for Life. Your information will never be sold or shared, and you may unsubscribe from these updates at any time.

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10/9	S	10/10	M	10/11	T	10/12	W	10/13	Th	10/14	F	10/15	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/16	S	10/17	M	10/18	T	10/19	W	10/20	Th	10/21	F	10/22	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/23	S	10/24	M	10/25	T	10/26	W	10/27	Th	10/28	F	10/29	S
am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm	
10/30	S	10/31	M	11/1	T	11/2	W	11/3	Th	11/4	F	11/5	S
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