

# CHOOSE *Life* W SCONSIN

Choose Life Wisconsin, Inc. | P.O. Box 14440 | Madison, WI 53708  
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This form is to be used for grant requests by any Pregnancy Resource Center (PRC) located in the state of Wisconsin working toward a culture of life. If located in another state, it will only be considered if it is within a Metropolitan Statistical Area (MSA) of a Wisconsin border city.

DATE:			
NAME OF ORGANIZATION:			
MAILING ADDRESS:		STREET ADDRESS:	
ORGANIZATION PHONE NUMBER:			
CONTACT:			
CONTACT PHONE NUMBER:		EMAIL ADDRESS:	
FEDERAL TAX EIN NUMBER:		TAX STATUS OF ORGANIZATION:	
YEAR FOUNDED:			
AMOUNT REQUESTED:			

If granted, what is the intended use of these funds?

Check all services provided by your organization:

Post abortion healing     Crisis pregnancy counseling     Unwed mothers support

Abstinence programs     Care of moms & babies     Safe haven housing

What demographic do you primarily serve?

Please share any data that helps to measure the effectiveness of your programs and organization.

What is the organization doing to promote a culture of life?

What is the organization doing to prevent pregnancy outside of marriage?

How do you carry out your mission?

Do you promote or refer for abortion?

Do you promote or refer for contraception?

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SIGNATURE

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TITLE

Mail completed form to: Choose Life Wisconsin, Inc – P.O. Box 14440 – Madison, WI 53708

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