

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:			
STREET ADDRESS:		CITY STATE ZIP	
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?

Do you, your staff or board members have (or applied for) Choose Life Wisconsin plates?

In what ways are you encouraging your supporters/friends/volunteers to purchase the Choose Life Wisconsin plates?

SIGNATURE

TITLE

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

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