

LIFESTEWARD MINISTRIES
SOHLS INFORMATION FORM
CUSTOM PRINT MATERIALS

INSTRUCTIONS

1. Complete this form in its entirety and send **with your order form**. We will then process your order and an email confirmation will be sent.
2. Type or print clearly in **black ink**.
3. Proofs will be transmitted to you via email. Make sure to include your email address and any special instructions you'd like us to know.
4. Please review your material **carefully** through the entire proofing process. Preview the **entire** proof each time *before* signing off. This will ensure that all corrections have been made and no shifting of text has occurred after multiple proofs.
5. Remember, we cannot begin printing until we receive your signed, final proof. It is very important to respond to proofs quickly, being very thorough in **checking dates, times, spelling, punctuation, etc.**

The following information will allow us to complete the proofing process in a timely manner.
Please complete all items *and* return with your order form.

Date this form completed: _____ **Date Materials Are Needed:** _____

Ministry's Name: _____

Ministry's Office Hours: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____

Primary Contact: _____

Contact's Work #: _____ Fax #: _____

Contact's Cell #: _____ Email: _____

Alternate Contact: _____

Contact's Work #: _____ Fax #: _____

Contact's Cell #: _____ Email: _____

THANK YOU for your partnership! LifeSteward Ministries has done over **1200 on-site trainings**, helping centers grow to the next level, with **leadership training** as well as, raising over **27 million dollars** through event trainings.

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THE FOLLOWING ARE IDEAS FOR YOUR CUSTOMIZED SOHLS INSERT. PLEASE INDICATE PREFERENCES AND TEXT BELOW.

INSERT FRONT

A. The event title: **SANCTITY OF HUMAN LIFE SUNDAY** Yes No

B. The **Date** you are observing Sanctity of Human Life Sunday: Yes No

Date: _____

C. Your **ministry's name**: Yes No

Name: _____

D. Your **ministry's address**: Yes No

Address: _____

E. Your **ministry's telephone number**. Include area code: Yes No

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F. Your **ministry's website**: Yes No

Website: _____

G. **Other**:
