****

THE PROMISE

Cover Sheet

***This completed cover sheet must be attached to your congregation’s Promise and returned with the evaluation survey by June 15th for drawing eligibility and recognition. You may fax, email or mail them to the address at the bottom. Surveys may also be completed online.***

We are excited to have you join us in the fight against breast cancer! During the months of October and May**,** women and men across South Carolina are joining together in the celebration of moms and the women who’ve touched our lives by participating in **Worship in Pink!**

All organizations returning this **fully completed form with Keeping the Promise and the evaluation survey by Nov. 30th, 2017**, will be entered to **win a $50 Walmart gift card!**

**By signing the attached form, individuals are promising their family, friends and community that they will take an active role in their healthcare.** Those who provide their correct email address will receive updates from Komen Lowcountry. They will also be entered in a random drawing for a **$50 gift card from Walmart!**

Worship in Pink is made possible by the support of our donors and sponsors. We appreciate all donations as they allow us to continue our Mission and grant making programs!

Group/Church name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were additional churches or organizations reached through your Worship in Pink (WIP) program? yes no
2. If yes, how many additional churches/organizations were reached through your WIP program partnerships? \_\_\_\_\_\_\_\_\_
3. Approximately how many additional people were reached as a result of your WIP program partnerships? \_\_\_\_\_\_\_\_

 *Specific populations reached:*

 African American: \_\_\_\_\_\_\_\_ Hispanic: \_\_\_\_\_\_\_\_\_\_ rural: \_\_\_\_\_\_\_\_\_\_\_

*Return completed forms and donations by Nov. 30th to:*

**eMail:** info@komensc.org

**Mail:** Komen South Carolina, WIP

127 King St., Suite 205

Charleston, SC 29401

KEEPING THE PROMISE

By signing this form, you are promising your friends, family, and fellow community members that you will follow the recommended guidelines for breast screenings this year. If you provide your email and phone number, you will be entered to win a $50 Walmart gift card. Komen South Carolina will also provide you with updates about upcoming events and the fight against breast cancer. Please write legibly.

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