



Response Card

Outreach/Meeting Details

Date:

Title:

Salvation

Recommitment

Healing

Other

Please give us your details

Language preference

Area of Residence

Name

Surname

DOB

Gender

Email

Tel nr.

Tel nr.

Do you own a smartphone? Y N

May we send you resources to help you grow in your faith? Y N



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Office Use:

Date:

Coordinator Name

Assigned Team Member

Follow-up Date _____

In-Person Phone Call SMS

E-mail Zoom Call

Comments

Follow-up Date _____

In-Person Phone Call SMS

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