

Choose Life Advisory Committee | FIRST QUARTER REPORTS

	JAN	FEB	MAR	Total
# Calls to Hotline	_____	_____	_____	_____
In depth Abortion counseling	_____	_____	_____	_____
New Adult Clients (In Office for First time)	_____	_____	_____	_____
Counseling Sessions	_____	_____	_____	_____
Post Abortive Counseling	_____	_____	_____	_____
Adoption Referrals/Placements	_____	_____	_____	_____
Pregnancy Tests	_____	_____	_____	_____
Positive	_____	_____	_____	_____
Negative	_____	_____	_____	_____

Do you counsel with every pregnancy test given? Yes No

Relevant Comments: _____

Name of Reporting Agency _____ Agency Code _____

Address to Mail Check: Attention: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Total Hours Open per week _____

Alternate Phone _____ Email _____
(If available)

Signature of Director _____ Date _____

We promote on:	Yes	No	We include CL:	Yes	No
Website	<input type="checkbox"/>	<input type="checkbox"/>	Website	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Annual Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>	Annual Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>

Return the completed report to the Choose Life Advisory Committee. Fax to 601.898.1207.
If you have a problem with the fax, scanning and emailing or mailing a copy to the address below is recommended.