



YES, I WANT TO BE PART OF OASIS!

Name _____ Email _____@_____

Address _____ City _____ ST _____ Zip _____

Telephone (____) _____ - _____ (circle: cell, home, work, other)

Church affiliation _____ Today's Date _____|_____|_____

Area(s) of Interest: Please all that apply.

- Prayer Warrior – be part of prayer group to pray for clients and the center.
- Counselor (Women or Men) – ministering one-on-one with clients
 - Pregnancy Options or Post Abortion Counseling
- Bible Study or Parenting class leader
- Other Volunteer opportunities
 - Office Work (Printing, Supplies, mailings, etc.)
 - Facility (Maintenance, cleaning decorating, etc.)
 - Physical Ministry (maternity clothes, baby clothes, food & items, etc.)
- Professional (Accountant, Attorney, Clergy, Nurse, Physician, or Sonogram Tech, etc.)
 - Church liaison
 - Help organize events
 - iWait abstinence program
 - Support (e.g., child care)
 - Other – explain

FINANCIAL SUPPORT

- Fund raising
- Or ...
 - monthly or one time gift
 - Amount = \$ _____
 - Note: make checks payable to “Myrtle Lake Baptist Church” & put “Oasis” in the memo field. Or, use your credit card—
 - Type of card: Visa MasterCard
 - Card number _____
 - 3 digit security code _____
 - Expiration date ____|____

Signature _____

Mail your completed form to:
 OASIS—a pregnancy care center
 C/O Myrtle Lake Baptist Church,
 2017 Riegler Road
 Land O’ Lakes, FL 34639
 or email to:
 DrTom@OasisPregnancyCenter.org
 Questions? Call our Director, Pete Castellani
 at (813) 235-6488
 (Peter@OasisPregnancyCenter.org)