

heal your heart



Blood Pressure Ministry Event Support Request Form

Our congregation, _____
is holding a community Blood Pressure Ministry Event. Please join us to help
reduce heart disease and stroke and work towards a healthier community.

Event Date: _____ Time: _____

Location of the Event: _____

To support our upcoming event, we are requesting assistance in the
following areas:

Please complete and return this form 30 days in advance of the scheduled event.

Healthcare Professional: (Physician, Nurse, Pharmacist, Emergency Medical Technician, etc.)

Name of Volunteer(s):	Email Address	Phone

Fax, mail or email to:

Virginia Congregations Blood Pressure Ministry Event Contact:

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Fax: _____