

Mission Advocate Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Home _____ Work _____

Birthday (no year needed): _____

Church: _____

City/State/Zip: _____

Do you have access to e-mail? Yes ____ No ____

If yes, e-mail address: _____

Do you have access to a fax? Yes ____ No ____

If yes, fax number: _____

Return to:

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Topeka, KS 66614-5505
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E-Mail address: martha.robbsins@abccr.org