

## Gateway to Hope Contact Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

How do you prefer that we contact you? \_\_\_\_\_

Mailing address: \_\_\_\_\_

Birthday Day: \_\_\_\_\_

Children/Baby: \_\_\_\_\_

Birthday(s) \_\_\_\_\_

What are your current needs? : \_\_\_\_\_

How can we help? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Notes:

Return to: [gatewaytohopefalls@gmail.com](mailto:gatewaytohopefalls@gmail.com) or return it in person at the next Gateway meeting.

*"Nurturing a community for young moms"*



*Gateway to Hope*