

ABIDING TRUTH MINISTRIES, INC.

501(c)(3)

Meeting Request Form

ATM CDC

Submit completed form to main office to hold a ministry meeting at ATM. Form may be placed in drop box or emailed to atmchurch@verizon.net.

Contact Name	Phone Number	Email	
Meeting Details			
Purpose of meeting:	<i>Include ministry & meeting type (ex. Ushers Monthly Staff meeting)</i>		
Date of meeting:	___ / ___ / ___	Time of meeting:	___ : ___ am/pm
Expected Attendees:	<i>List names/target audience:</i>		
Location:	<i>Specify desired room:</i>		
Confirmed Key Holder:			
Do you want this meeting promoted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sunday Bulletin	<input type="checkbox"/> Sunday Announcement	First date of promotion:	___ / ___ / ___
<i>Please write desired announcement wording and/or any additional information.</i>			