

FAITH COMMUNITY CONTACT FORM

Date _____ NAMI Volunteer's Name _____

NAMI Affiliate _____

Faith Community (name) _____

Street address _____ City _____

State _____ Zip code _____ Phone (_____) _____

E-mail address _____ Web-site _____

Name of Person Contacted: _____ Title _____

Name of senior clergy or Leader (if other than contact person) _____

Street address _____ City _____

State _____ Zip code _____ Phone (_____) _____

E-mail address _____

They are interested in: (specific topics, materials, suggested ways to follow-up)

Follow up completed: (Please list date and notes on documents sent, emails, calls, plans, visits)
