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# GLG

GROWING IN GOODNESS™

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## Nations Of Service Service Project Application



### Proposed Service Project

Project Name \_\_\_\_\_

What are you wanting to accomplish with this project? \_\_\_\_\_

\_\_\_\_\_

What will you be doing? \_\_\_\_\_

How long is the project going to last? \_\_\_\_\_

How many people do you plan to have participate? \_\_\_\_\_

### Contact Information

Service Project Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Are you a GROWING IN GOODNESS™ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

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