



REPORTING FORM

NAME OF CHURCH **CITY/STATE**

DENOMINATION **SIZE OF CONGREGATION**

LTN LIAISON **PHONE NUMBER**

EMAIL **FAX**

This update covers the 8-week period from _____ to _____ of year.

The following activities are being conducted by this church in association with the Love Thy Neighbor (LTN) program (please fill in the numbers):

- Distribution of LTN church bulletin inserts
- Distribution of Lent for Life church bulletin inserts
- LTN Smoking cessation classes

Total attendance _____

Smokers _____ *Nonsmokers* _____ *Former smokers* _____

How many smokers completed all 8 sessions? _____

- Prayer support
- Special events
- Outreach to smokers outside of your church's congregation
- Other (Please describe in the space below)

How many smokers are making quit attempts as a result of participation in your church's LTN programs? _____

How is your church advertising the Love Thy Neighbor program?

If you have additional information to add, or comments on the Love Thy Neighbor program in your congregation, please add a sheet with your additional comments.

Please fax this form to Love Thy Neighbor Program at (215) 893-0529 once your sessions are complete. Thank you for your feedback!