THE BALM IN GILEAD INC.
HEALING THROUGH PRAYER
EDUCATION, ADVOCACY & SERVICE

Activity Report

Faith Institution _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Contact Person: _____ Phone _____

E-mail _____

Briefly report your faith institution's *Our Faith Lights the Way! HIV Testing Campaign* activities. Please fax forms to 804-644-2257 or email it to cgoodman@balmingilead.org. This form can be used to also report activities conducted over the rest of the year.

Date & Time	**Program/Activity**	**Activity Description**	**City, State**	**Contact Person** (Name & Phone)	**Total Participants**	**Total Tested**	**Total returned**	**Total Positives**	**Total Referred**