

PEACEFUL VIGIL SIGN-UP FORM
40 Days for Life North Dakota
Sept. 22 – Oct.31, 2010

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Church _____

Please select one of the following days of the week:

_____ Monday _____ Wednesday _____ Friday _____ Sunday
_____ Tuesday _____ Thursday _____ Saturday

Please select a time:

_____ 6 a.m. to 7 a.m.	_____ 2 p.m. to 3 p.m.	_____ 10 p.m. to 11 p.m.
_____ 7 a.m. to 8 a.m.	_____ 3 p.m. to 4 p.m.	_____ 11 p.m. to 12 a.m.
_____ 8 a.m. to 9 a.m.	_____ 4 p.m. to 5 p.m.	_____ 12 a.m. to 1 a.m.
_____ 9 a.m. to 10 a.m.	_____ 5 p.m. to 6 p.m.	_____ 1 a.m. to 2 a.m.
_____ 10 a.m. to 11 a.m.	_____ 6 p.m. to 7 p.m.	_____ 2 a.m. to 3 a.m.
_____ 11 a.m. to 12 p.m.	_____ 7 p.m. to 8 p.m.	_____ 3 a.m. to 4 a.m.
_____ 12 p.m. to 1 p.m.	_____ 8 p.m. to 9 p.m.	_____ 4 a.m. to 5 a.m.
_____ 1 p.m. to 2 p.m.	_____ 9 p.m. to 10 p.m.	_____ 5 a.m. to 6 a.m.

VOLUNTEER: Please turn over for Statement of Peace.

CHURCH COORDINATOR: Verify the above information, fill in the day and time below (circle either a.m. or p.m.), detach here and give the volunteer the information below.

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MY PRAYERFUL PRESENCE WILL SAVE THE LIVES OF OUR UNBORN LITTLE ONES!

PEACEFUL VIGIL: I WILL BE STANDING FOR LIFE AS A PEACEFUL PUBLIC WITNESS OUTSIDE THE STATE'S ONLY ABORTION FACILITY, THE RED RIVER WOMEN'S CLINIC LOCATED AT 512 FIRST AVENUE NORTH, FARGO, ND EACH _____ FROM _____ a.m./p.m. TO _____ a.m./p.m. DURING 40 DAYS FOR LIFE.

Please turn over for "Prayer for the Closing of Red River Women's Clinic"

www.40daysforlifend.com

STATEMENT OF PEACE

I, _____, testify to the following:

- I will only pursue peaceful solutions to the violence of abortion when volunteering with the 40 Days for Life campaign
- I will show compassion and reflect Christ's love to all Red River Women's Clinic employees, volunteers and customers
- I understand that acting in a violent or harmful manner immediately and completely disassociates me from the 40 Days for Life campaign
- I am in no way associated with Red River Women's Clinic or its affiliates by way of employment, informant, volunteer, client or otherwise

While standing in the city right of way in front of the Red River Women's Clinic:

- I will not obstruct the driveways or sidewalk while standing in the public right of way
- I will not litter on the public right of way
- I will closely attend to any children I bring to the prayer vigil
- I will not threaten, physically contact or verbally abuse Red River Women's Clinic employees, volunteers or customers
- I will not vandalize private property
- I will cooperate with local city authorities

Signature: _____ Date: _____

VOLUNTEER: Please return this completed form to your 40 Days for Life Church Coordinator. If you do not have a 40 Days for Life Church Coordinator at your Church or do not know who it is, you may choose to either register for a time online at www.40daysforlifend.com, call 701-356-7979 or mail this form to Pregnancy Help Center, 40 Days for Life, P.O. Box 626, Park River, ND 58270.

THANK YOU AND GOD BLESS YOU FOR DEFENDING THE LEAST OF OUR BRETHERN!

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PRAYER FOR THE CLOSING OF RED RIVER WOMEN'S CLINIC

Father, all life is in Your care. You have entrusted us to one another that we may show our brothers and sisters the same love You have for us. We pray, then, for the least among us, the children in the womb. Protect them from the violence of abortion. We pray for those that are scheduled to die at **Red River Women's Clinic**. Save them from death. Give new hope to their parents that they may turn away from the desperate act of abortion. Grant conversion to the abortionist and to the staff, show us how we are to respond to the bloodshed in our midst, and lead us to the day when this place of death will be transformed into a haven of life. Guard us with Your joy and Your peace, for in You, life is victorious. We pray in the name of Jesus Christ our Lord. Amen.

Fr. Frank Pavone, M.E.V. Priests for Life