



Bless the Vest Sunday Participation Form Church Participation Form

Church Name _____

Denomination Affiliation _____

Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____

Web Site _____

Email Address _____

First Responder in Congregation to receive Vest _____

Plan on raising Funds for new Vest : YES _____ NO _____

Plan to bless existing vests for officers: YES _____ NO _____

(Can be member or selected by congregation to receive vest/blessing –
contact In-Vest USA directly to be matched with a first responder if none in congregation)

Contact ***In-Vest USA*** to join the program at:

In-Vest USA

Mail to: P.O. Box 23489
Columbia S.C. 29224-3489

www.investusa.org

Fax to: (803) 699-3275

Email to: blessvest@investusa.org

Phone: 1-803-556-2528

In-Vest USA Official Use

Receipt Date _____

Money Raised _____

Vest Request _____

Measure Form _____