OPERATION BROKEN SILENCE

MONTHLY GIVER ORGANIZER

Write down the friends you will ask to give monthly and follow up with them. The more the merrier!

	Committed to giving?		*Follow up*	
	Yes	No	Week 1	Week 2
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐
Name: _____	☐	☐	☐	☐