



# Ascension

## BE OF GOOD HEART

### Screening Site Application

Thank you for your efforts to improve heart health in our community. If you are interested in becoming a Be of Good Heart Screening Site, please complete this form.

A representative from Be of Good Heart will contact you within two weeks to provide additional information and next steps.

Organization/Church Name: \_\_\_\_\_

Pastor/Reverend Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_



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