



Recovery Bible Request Form For Women Only

READ - instructions before filling out form.

P.O. Box 7160, Amarillo, TX 79114

We are thrilled to be able to provide you with the *Life Recovery Bible (It only comes in English and the New Living Translation)*. Unfortunately, we receive more requests for services than we can respond to.

Please understand that we can not respond to any of the following requests:

- **REQUEST FOR OTHER PEOPLE** –**Each woman must write her own personal request in her own legible handwriting.* We will not respond to lists of women’s names but do feel free to pass on our name and address to other women. They may request for themselves. Unfortunately, we can’t send any services to men, or other family members for you.*
- **REQUESTS FOR AN ADDITIONAL LARGER OR SMALLER SIZE BIBLE** – *You can only receive ONE Bible.*
- **REQUEST FOR WOMEN ABOUT TO BE RELEASED OR TRANSFERRED** - *Most facilities will not forward the Bible or studies. You must be in your facility for at least three weeks to receive our services. We do not send to a home address.*
- **REQUESTS UNDER ALIAS NAMES** – *You must provide the name and identification number that you are incarcerated under.*

Have you requested a Life Recovery Bible from us before? Yes _____ No _____

If yes, then what name was it requested under and what facility were you at? _____

Will your “out date” (release date) be within three weeks? Yes _____ No _____

Please write out, in your own handwriting, what you are requesting from us (**Bible, studies, or tell us a prayer request**):

***We will not respond unless you complete entire section below for your request. No initials for names will be accepted.**

**It is my desire to be a student of the Word of God and to put the Word in my mind, mouth, and spirit on a daily basis. Meanwhile, remember that God loves you very much and will see you through the challenges that lie ahead. There is much encouragement and hope to be found as you read through the scriptures.*

(Please PRINT clearly) (MUST HAVE THIS INFORMATION TO RECEIVE SERVICES!)

Name: First _____ Middle _____ Last _____

DOB: m/d/y - ____/____/____ INMATE ID# _____

Facility Name and Unit/Bed # _____

Facility Address/City, State _____