First 20 Business Plan

Name:_____ **My Why:**_____

_____

_____

When will you start? **How many hours a week?**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have 3-Way calling?_____ When will you get it? _____

3-Step warm market # 618-355-7298 www.promisecoop.com

First 20

Name	email	Phone #	Their need			Date Called
			Health	Money	Time	