

Pro Life Corner

Educating people of all faiths in matters pertaining to life issues

Donation Form

Donation Information (please print or type)

Name	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:
____ cash ____ check ____ credit card ____ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

Acknowledgement Information

____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Stephenson County Right to Life
PO Box 697
Freeport, IL 61032