2005 St. Joseph County Right to Life
Donation Form

Please fill out and return to: 320 N. Lafayette Blvd., South Bend, IN 46601

Name_____

Address_____

State_____ **Zip code** _____

Phone number _____

Email Address _____

Would you like to be added to our email list? ___Yes ___ No
(We will never sell or spam your email. We will use it to send you news alerts and announcements at most once per week)

Total Donation Amount _____

____Cash **Check**_____ **___Charge**
(Check Number) **(Form below)**

What kind of donation? ____One time ____Pledge Amt of first installment_____

If pledge, would you like us to remind you of your pledge?

Monthly Quarterly Bi-Annually

Do you need this donation to be tax-deductible? ___ Yes ___No

Do you want your donation to go toward a specific project? ___Yes ___No

____Radio commercials **____Educational Materials**
____Billboards **____Annual Campaign**

Would you like to be contact about volunteer opportunities? ___Yes ___No

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Credit Card Donation: **(We will appear on your credit card statement as SJCRTL or SJC Right to Life)**

Name on credit card: _____

____ Visa ____ Master Card ____Discover

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Exp Date** _____

Card Verification Number ☐☐☐ **Signature** _____