

Affiliate: _____ **Date Viewed:** _____

Other \$ _____ \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

I (we) pledge to give the above amount:

One-time Monthly Bimonthly Quarterly Semi-annually

Payment type: Check enclosed Credit card (*see reverse side*) Bill me (us)

Name _____ Address _____

City _____ State _____ Zip _____

Primary phone _____

Cell _____

E-mail _____

Please make check payable to: **RIGHT TO LIFE OF MICHIGAN**

Your gift is not tax-deductible.

**WE ARE NOT
GIVING UP
ON LIFE**

Please fill out each section below:

Visa MasterCard Discover

Card number _____

Expiration date ____ / ____ Security code ____ (see back of card)

Card-holder's name _____

Card-holder's signature _____

Billing address _____

City _____ State _____ Zip _____

Primary phone _____ Cell _____