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MAIL-IN DONATION FORM
and mail it with your donation to
Ohio Right to Life
88 E. Broad Street, Suite 620
Columbus, Ohio 43215

(* Denotes Required Fields)

*My gift amount: \$ _____

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

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Payment	Credit Card Number: _____
<input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Expires: _____
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Choose how to invest your gift...

Select the fund you would like to support. If you wish to give to more than one fund, please use a separate form and a separate check for each gift. Please make each check payable to the specific fund you are supporting.

- Educational Fund (**IS** tax-deductible)
- Society (Is **NOT** tax-deductible)

An acknowledgement will be mailed to you. If you've donated to the EducationFund, your acknowledgement will state that you received no goods or services in return for your gift.