



Please complete this
MEMORIAL/HONORARIUM 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: _____

*Telephone: (_____) _____ *Email: _____

Payment	Credit Card Number: _____
<input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Expires: _____
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	Security Code: _____ (located on back of card)

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)

If this is a memorial, PRINT CLEARLY your loved-one's name:

If this is a honorarium, PRINT CLEARLY your loved-one's name and the occasion:

Please PRINT CLEARLY to whom and where the acknowledgement card should be mailed:

Full Name: _____

Street Address: _____

City, State, Zip: _____