

**YES, I will join in support of Life!** Please complete the information on both sides of this card.

Enclosed is my 2024 Membership donation of:

- \$5,000 **Apostle**       \$2,000 **Superstar**       \$1,000 **Champion**       \$500 **Warrior**  
 \$100 **Activist**       \$25 **Defender**       **Other** \$ \_\_\_\_\_  
 \$15 **Student Voice** school: \_\_\_\_\_

**I would like to make my donation a monthly pledge for 2024!**     Bill my credit card monthly (provide information on the back)

Please apply my donation to: (checks cannot be split)

- Right to Life of Greater Cincinnati, Inc.** supports work to change the law: the federal government does not allow your gift to be tax deductible.  
 **Cincinnati Right to Life Educational Foundation, Inc.** is tax deductible because it supports educational programs and services.



*Cincinnati Right to Life can send information much faster and less costly by text and email. Please provide your cell phone and email address on the back of this card to quickly get the latest updates! I understand that data rates may apply and that I can have my information removed at my request.*

Name: \_\_\_\_\_ Age: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*E-mail address and cell phone number are required to receive electronic updates and virtual event information.*

Please charge my Membership 2024 donation to my:     Visa       MasterCard       Discover       AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Security code: \_\_\_\_\_

Online Donations can be made at [CincinnatiRighttoLife.org](http://CincinnatiRighttoLife.org).  
Call our office (513.728.7870) with any questions regarding planned giving.

**MEMBERSHIP**2024