

**Contribute NOW!**

- Yes, Serrin, I want to help FFL address the root causes that drive women to abortion!**  
 \$ 25     \$ 50     \$100     \$250     Other \$ \_\_\_\_\_

**Membership Renewal**

- I have checked the message on my issue of *The American Feminist* or recent FFL mailing; if it says my membership has expired, I have enclosed my membership contribution:  
 \$25 annual membership                       I prefer to begin or increase monthly  
 \$15 student membership                      donations to provide FFL with year-  
 \$35 subscribers only & organizations      round support. (Over, please.)  
My current e-mail address: \_\_\_\_\_

**Gifts in Honor**

- Serrin**, like Patricia Heaton, I want to honor those who embrace life. Please notify the following individual(s) of their gift membership. I have enclosed their dues payment.  
 annual gift membership (\$25 minimum) \$ \_\_\_\_\_  
 student gift membership (\$15 minimum) \$ \_\_\_\_\_  
 other gift in honor (without subscription) \$ \_\_\_\_\_

Name of Honoree: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name of Additional Honoree: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Memorial Gifts**

- Please accept my contribution in memory of those who lived for others.  
 \$ \_\_\_\_\_ gift in memory of:  
Name: \_\_\_\_\_  
 \$ \_\_\_\_\_ gift in memory of:  
Name: \_\_\_\_\_

### ***Monthly Contributors***

- I want my bank to transfer monthly donations to Feminists for Life of America. My authorization to charge my account at my bank shall be the same as if I had personally signed a check to FFLA. This authorization shall remain in effect until I notify FFLA, or notify my bank in writing that I wish to end this agreement, and my bank or FFLA has had a reasonable time to act on it. Amounts will be debited on the first day of each month. A record of each charge will be included in my regular bank statements and will serve as my receipt.

Please choose one:

- Amount of monthly pledge (\$5.00 minimum) \$ \_\_\_\_\_
- I want to increase my monthly donations from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please enclose a voided check from your account to show the bank's address and your account number.  
Electronic fund transfer will begin immediately upon receipt.*

### ***Corporate Match!***

- My employer has a corporate matching gift program. Attached is a form from my employer to double my gift.

***THANK YOU!***

FFLA is a non-profit, 501(c)(3) corporation. Contributions to FFLA are tax-deductible as provided by law. Please return all contributions to FFLA, Dept. 0641, Washington, D.C. 20073. Correspondence should be sent *separately* to P.O. Box 20685, Alexandria, VA 22320.

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