

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:

\$35 annual membership I prefer to begin or increase monthly donations to provide FFL with year-round support. (Over, please.)
 \$25 student membership
 \$40 international membership

My current e-mail address: _____

Gifts in Honor

Serrin, 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 (\$35 minimum) \$ _____
 student gift membership (\$25 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 151567, Alexandria, VA 22315.

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