



ANGEL PLEDGE APPLICATION

*to help protect the sanctity of human life from conception through natural death,
no exceptions!*

I would like to make the following **MONTHLY PLEDGE*** in the amount of:

- \$500
 \$250
 \$100
 \$75
 \$50
 \$25
 \$10
 \$5
 Other: \$ _____

PLEASE PRINT!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - ____ - _____

Email: _____

I will be paying by check made payable to *Right to Life of Northeast Ohio*. My first month's pledge is enclosed.

I will be paying by check but am e-mailing this form and sending my check by mail.

Charge my credit card for my pledge.

Card Number: _____ 3 digit CVV code: _____

Visa MC Discover Exp. Date: ____/____

Signature: _____

(For any other pledge options, please contact us.)

When you become part of our angel pledge program, you will receive the following for your donation. **Please circle a size if indicated:**

- \$100 month Right to Life of Northeast Ohio jacket Size: S M L XL XXL
- \$50 month Right to Life of Northeast Ohio sweatshirt Size: S M L XL XXL
- \$25 month Right to Life of Northeast Ohio L/S t-shirt Size: S M L XL XXL
- \$10 month Right to Life of Northeast Ohio S/S t-shirt Size: S M L XL XXL
- \$5 month Right to Life of Northeast Ohio hat

(for other monthly contributions, please contact our office at 330-762-2785 for premium information)

<p><u>PLEASE COMPLETE THIS FORM AND MAIL TO:</u> OR <u>SCAN AND E-MAIL TO:</u></p> <p>Angel Pledge Program Right to Life of Northeast Ohio 572 W. Market St., Suite 2 Akron OH 44303</p>	<p>admin@rtlofneo.com</p>
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* Under IRS rules and regulations, contributions to Right to Life of Northeast Ohio are not tax deductible. If you are writing a check and want to make a tax deductible contribution, please make your check payable to *Life Education Fund*. For credit card donors, if you would like your donation to be tax deductible, please check mark here: _____. Your statement will show a debit to Life Education Fund, our 501c3 affiliate.