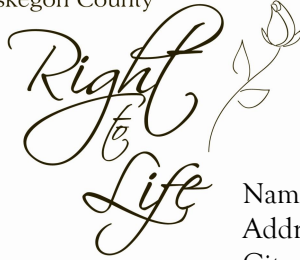


Muskegon County



Yes! I want to help save lives!
Please enroll me as a member of
Muskegon County Right to Life and Right to Life of Michigan.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Annual Membership Options:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> \$5 Senior or Student | <input type="checkbox"/> New Member |
| <input type="checkbox"/> \$15 Family | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> \$25 Bronze | |
| <input type="checkbox"/> \$50 Silver | |
| <input type="checkbox"/> \$75 Gold | |
| <input type="checkbox"/> \$100 Platinum | |

As a member, you will receive the Muskegon County and the State *Right to Life* newsletters, and you are invited to use the educational materials at the *Muskegon County Right to Life* office.

Please make your checks payable to:

Muskegon County Right to Life 427 Seminole Road, Suite 202 Muskegon, MI 49444

Your contributions to *Muskegon County Right to Life* are not tax deductible.