



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 | |
| <input type="checkbox"/> \$_____ Church | |

As a member, you will receive the Muskegon County and the Michigan *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 Rd., Suite 108
Norton Shores, MI 49444

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

I would like to volunteer my time and talent:

- Church Representative - would like information on becoming a representative for Muskegon Right to Life at my Church (Church name: _____)
- Election volunteer
- Letter writing – Legislators, Letters to the Editor etc.
- Speaking
- Telephone calls
- Willing to help on a Committee

Thank you for supporting Muskegon County Right to Life!