Support American Life League's Mission to Save Preborn Babies

YES! I will help ALL fight for every human being's life—without exception, without compromise, and without apology with my gift of:

☐ $100 ☐ $50 ☐ $35 ☐ $25 ☐ Other $_____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ – _____ – _____ EMAIL _____

Please include your phone number in case we encounter difficulties while processing your donation!

☐ This is a ***one-time*** gift for the babies.

- ☐ Please charge my credit card for this one-time gift (*see red box below*).
- ☐ I've enclosed my check made payable to American Life League.

– OR –

☐ I will join your monthly giving program! This is ***my monthly contribution***.

- ☐ Please charge my credit card each month (*see red box below*).
- ☐ I've enclosed an UNSIGNED check marked VOID so that my gift can be automatically withdrawn from my checking account each month. I authorize my bank to pay to the order of American Life League $_____ on the 10th or 20th of each month.

  SIGNATURE_____
- ☐ I prefer to mail in a check/cash every month: please send me monthly statements.

☐ Save your postage — I don't need a thank-you acknowledgment.

☐ My company matches charitable gifts — I'll send you the forms.

Please charge my: ☐ VISA ☐ MasterCard ☐ Discover

CARD # _____ EXPIRATION DATE ___/___ CVV _____

ZIP _____ SIGNATURE _____

American Life League • P.O. Box 6170, Falmouth, VA 22403 • 540-659-4171
www.ALL.org • *All contributions are tax-deductible to the fullest extent allowed by law.*

Charity Navigator FOUR-STAR