



3333 N 44th St., Ste 4 ♦ Phoenix, AZ 85018
602.285.0063 ♦ www.AZRTL.org

Please complete and enclose this form with your gift and mail to the above address.

Name _____ Home Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Email _____

Gift enclosed: \$ _____ I wish my gift to be tax-deductible, made payable to: *Life Educational Corporation (LEC)*.

CREDIT CARD: _____ - _____ - _____ - _____ Expiration ____ / ____

Gift: \$ _____ Signature: _____

You can count on me as a **Monthly AZRTL Life Saver**: \$ _____ on my Credit Card. Bill me
(As a monthly donor, you will not receive any other solicitations from AZRTL during the year.)

I am also interested in:

- Volunteering
- Political Action Committee Information
- Special Events
- Booking an Arizona Right to Life Speaker for my Event
- End of Year Giving
- Corporate Giving
- Estate Planning
- Making an In-Kind Donation
- Other: _____