

# **Print Out Donation Form**

## **Nevada Right to Life/Pro Life League of Nevada**

- YES!** Please accept my donation to Nevada Right to Life. I understand that my donation is NOT tax-deductible. Please use my donation to affect change through legislative and educational means.
- YES!** Please accept my tax-deductible donation to Pro Life League of Nevada. Please use my donation for educational and charitable efforts.

\$ \_\_\_\_\_ Amount of my donation

Name: \_\_\_\_\_

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City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please make your checks payable to "Nevada Right to Life" (non tax-deductible) or "Pro Life League of Nevada" (tax-deductible). Send this form with your donation to:

Nevada Right to Life  
PO Box 5205  
Reno, NV 89513

or

Pro Life League of Nevada  
PO Box 6386  
Reno, NV 89503

*Thank you for your generosity!*