



Donation Form:

Thank you for your support of our work to ensure that: "All life is protected and respected from the moment of conception to natural death."

(Note: You can use your computer to type your information into the fields highlighted in red and then print your completed form OR you can print the form first and enter your information manually)

Contact Information:

Contact Name*	
Street Address*	
City/State/zip*	
Contact Phone*	
Contact Email*	

Payment Information (as applicable):

Donation Amount \$ _____

Credit Card:

Card Holder Name* (if different from above)	
Card Holder Address* (if different from above)	
Card Type*	Visa Mastercard Discover
Card Acct Number*	
Expiration Date (mm/yy)*	

Check:

Check Number*	
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If paying by check please make payable to "Cleveland Right to Life Educational Fund and submit to address below

Complete the following fields if this gift is a tribute (optional):

Type of Tribute	In Memory of:	In Honor of:
Person's Name (First / Last)		
Notes		

Please mail your completed form (with check if applicable) to:

*Cleveland Right to Life Educational Fund
4427 State Road,
Cleveland Ohio, 44109*

Thank you again for your generous donation!

Privacy Policy

Your privacy is important to us and we will keep your personal information private and secure. We will not share your name, address, phone number, email address or payment information.

Cleveland Right to Life Educational Fund is a registered 501(c)(3) and your donation is tax deductible.