Mail In Donation Form

To: National Pro-Life Alliance
5211 Port Royal Road, Suite 500
Springfield, VA 22151

From: _____

_____

_____, ____ _____

Thank you for the work you are doing to fight for the unborn.

Please keep up the good work at National Pro-Life Alliance. It is imperative we put an end to abortion in our nation by passing bills like the Life at Conception Act to end abortion-on-demand.

I understand that the National Pro-Life Alliance is completely dependent on financial contributions from its supporters. Therefore, I am enclosing my most generous contribution of:

___ $10 ___ $25 ___ $50 ___ $100 ___ $250 Other: $_____

Please make checks payable to National Pro-Life Alliance

Credit Card Donation [ ] Visa [ ] Mastercard [ ] Discover [ ] AMEX

Credit Card #_____
Expiration_____ CVV_____
Name as it appears on card_____
Address_____
City_____ State_____ Zip_____

[ ] Make this a monthly recurring donation.

Because of NPLA's tax-exempt status under IRC Sec. 501(c)(4) and its state and federal legislative activities, contributions are not tax deductible as charitable contributions (IRC Sec. 170) or as business deductions (IRC Sec. 162(e)(1)) WMAILH26