



C3 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."

Contact Information:

Contact Name*	
Street Address*	
City/State/zip*	
Contact Phone*	
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Payment Information (as applicable):

Donation Amount \$ _____

Credit Card:

Card Holder Name* (if different from above)	
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Card Type*	
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 Education, Inc. and submit to address below

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

Type of Tribute	Tribute?	Memorial?
Person's Name (First / Last)		
Notes		

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

*Cleveland Right to Life Education, Inc.
4427 State Road,
Cleveland, OH 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 Education, Inc. is classified as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. Your gift may be tax deductible provided no goods or services were received in exchange for your gift. Please consult with your tax advisor.