



Hamilton Right to Life Membership and Donation Form

209 MacNab Street North, Hamilton ON L8R 2M5

Phone: (905) 528-3065 E-mail: sandra@hamiltonrighttolife.org

Website: www.hamiltonrighttolife.org

Membership Year: May 1st – April 30th

I support human life from conception to natural death and I agree with the principles and aims of the Hamilton Right to Life.

- I wish to continue as a member.
 I wish to become a new member.

TAX RECEIPT WILL BE ISSUED AT
YEAR END FOR FULL AMOUNT.

Hamilton Right to Life Annual Membership: \$30.00

If you cannot afford \$30.00, please send what you can.

Additional donation to Hamilton Right to Life: \$ _____

Please make cheque payable to Hamilton Right to Life for total \$ _____

PLEASE PRINT THE NAME OF THE PERSON(S) TO WHOM YOUR TAX RECEIPT SHOULD BE ISSUED.

NAME: _____

ADDRESS: _____

CITY: _____ ONTARIO POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

MY PLACE OF WORSHIP (OPTIONAL): _____

I am willing to share not only my treasure but also my time and talents with HRTL as follows:

- I could volunteer in the HRTL office for a few hours regularly.
- I could be a speaker and make pro-life presentations at schools or community groups.
- I could assist with this particular talent: _____
- I would be willing to be a liaison person between HRTL and my place of worship.