

Be a Gospel-motivated Voice For Life!

Yes, I will help share the life-giving message of Lutherans For Life!

Please select one of the following:

(Any amount is welcome! Membership contributions are shared with LFL Life Chapters and State Federations.)

- My **annual** membership gift of \$45 \$75 Other \$ _____ is enclosed.
- My **monthly sponsor** membership gift will be \$_____.
- I do not wish to become a member, but I am contributing \$_____ to support LFL.
- I do not wish to contribute at this time, but I would like to be on your mailing list.
(You will receive *LifeDate*, published quarterly.)

Please make checks payable to **Lutherans For Life** (U.S. currency). All contributions are tax deductible in accord with IRS regulations. Fill in credit card info on the back of this flap.



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Name _____

Address _____

City _____

State/Zip _____

Phone _____

Occupation _____

Congregation _____

LFL Life Chapter or Life Team name/
number (if a local member)

Church body affiliation:

AALC AFLC ELCA

CLBA LCMC LCMS

NALC Other _____