



**SYRACUSE RIGHT TO LIFE**  
**LIFE — A BEAUTIFUL CHOICE**

BEFORE I FORMED YOU IN THE WOMB, I KNEW YOU (JER 1:15)



Partner in Giving Form

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Circle One: one time or monthly

Would you like monthly giving envelopes? Yes or No

Please return this form and your check to:

**Syracuse Right-To-Life Association, Inc.**  
**P.O. Box 85**  
**Dewitt, N.Y. 13214**

**Thank you for your support.**