



GSCL MEMBERSHIP APPLICATION

I want to help educate the public on life issues and assist women with crisis pregnancies.

Enclosed is my \$25 membership donation for the year. _____

- I am enclosing an additional \$_____ offering. Glad to help.
- I will pledge \$_____ monthly to support the GSCL.
- I am willing to help with area pro-life projects in our community.
- Place me on the mailing list as a supporter and advise me of local pro-life activities.
- I am enclosing \$_____ extra for your advertising plans.

Grand Strand Citizens for Life is a Charitable 501 (3) Organization Contributions to GSCL are fully tax deductible according to law.

NAME

ADDRESS

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

E-MAIL

Please make checks payable to: Grand Strand Citizens for Life or "GSCL".

Mail to: GSCL, PO Box 1952, North Myrtle Beach, SC, 29598

<http://www.makethelifechoice.org>