

## Friend Raiser 2020

Your Name:	r Name:			Phone #:			
riend 1:			Phone#:				
iend 2:			Phone#:				
Friend 3:	d 3:d d 4:						
Friend 4:							
Friend 5:	5:			Phone#:			
Return this form to RLNI, 21	26 Inwood Dr, Fort Way	vne, IN 46815, <u>abi</u> g	gail@ichooselif	e.org - Thank you!			
RIGHT	OF NORTHEAST INDIANA			ng Friend			
ndividual \$15 Family \$	525 + Additional	Donation: \$	To	tal: \$			
Member Name(s)							
Address	City <sub>.</sub>		State	Zip			
Phone ()	Email						
	ecks payable to: RLNI,						
RIGHT	TO LIFE ASTINDIANA			ship Dues			
ndividual \$15 Family \$							
Address							
Phone ()							

Please make checks payable to: RLNI, 2126 Inwood Dr., Fort Wayne, IN 46815



## **Annual Membership Dues**

Referring Friend \_\_\_\_\_

Individual \$15 Family \$25 Member Name(s)				\$				
Address				Zip				
Phone ()								
Please make checks payable to: RLNI, 2126 Inwood Dr., Fort Wayne, IN 46815								
RIGHT TO OF NORTHEAST IN		Annual Mei	mbersh	ip Dues				
Individual \$15 Family \$25 Member Name(s)				\$				
Address	City		State	Zip				
Phone ()	Email							
Please make checks payable to: RLNI, 2126 Inwood Dr., Fort Wayne, IN 46815								
RIGHT TO		Annual Men Referring Friend	nbershi	p Dues				
Individual \$15 Family \$25	Family \$25 + Additional Donation: \$		Total:	\$				
Member Name(s)								
Address	City _	9	State	Zip				
Phone ()	Email							

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