



RIGHT TO LIFE
OF NORTHEAST INDIANA

Friend Raiser 2020

Your Name: _____ Phone #: _____

Friend 1: _____ Phone#: _____

Friend 2: _____ Phone#: _____

Friend 3: _____ Phone#: _____

Friend 4: _____ Phone#: _____

Friend 5: _____ Phone#: _____

Return this form to RLNI, 2126 Inwood Dr, Fort Wayne, IN 46815, abigail@ichooselife.org - Thank you!



RIGHT TO LIFE
OF NORTHEAST INDIANA

Annual Membership Dues

Referring Friend _____

Individual \$15 ___ Family \$25 ___ + Additional Donation: \$ _____ Total: \$ _____

Member Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

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



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