



national network
of abortion funds

Connecting Rights to Resources

Yes, I want to make sure that every woman has the right to choose abortion, regardless of her income. Here is my gift of:

- \$50 \$75 \$100 \$250
- \$500 \$1000 Other _____

- Enclosed is my check payable to the **National Network of Abortion Funds**
- I prefer to charge my contribution to my:
 - ____ Visa
 - ____ MasterCard
 - ____ AmEx
 - ____ Discover

Card No. _____ Expiration date _____

Cardholder signature _____
All gifts are tax-deductible as allowed by law.

Name(s) as you would like to be recognized in NNAF publications _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Email _____

- I/We prefer to remain anonymous.
- I would like to receive occasional e-mail alerts and updates.
- Please send me more information about the Network and how I can become involved.
- I am interested in donating stock. Please call the number above.
- I am enclosing names and addresses of people who may be interested in supporting the Network.

Please mail this form along with your payment, to:

National Network of Abortion Funds
42 Seaverns Avenue
Boston, MA 02130-2865

Thank you! We appreciate your generous support.