Alternate Ways to Participate in the Lorain County Right to Life Bring America Back to Life Ad Campaign

Questions? Call Lorain County Right to Life at 440-322-0076

By Mail – Cut out and return the following with your donation by September 18, 2026:

AD AND BILLBOARD SPONSOR FORM

I, the undersigned, do agree that my name is to be included in the Lorain County Right to Life Website Ad during the Fall of 2026, which indicates my support of the Pro-life cause. My donation ($5 suggested minimum) will help defray the cost of the print and online ads and will help in providing funds for the rental of billboards in the Lorain County area that will have the Pro-Life message on display. **Please make checks payable to LORAIN COUNTY RIGHT TO LIFE. Return this form and all contributions by September 18, 2026 to Lorain County Right to Life, P. O. Box 207, Elyria, OH 44036.**

Name_____

Address_____

Email (Optional)_____ ☐ Please send your Newsletter

Signature_____ ☐ I would like to Volunteer

(Please include your name & address; only your name will appear in the ad on the LCRTL Website.)

Online – Go to LorainCountyRightToLife.org/AdCampaign or Scan the QR Code.

Deadline is September 18, 2026

First page – Choose your donation amount

Lorain County Right to Life
Bring America Back to Life Ad Campaign

In providing my name below, I do agree that my name is to be included in the Right to Life Ad on the Lorain County Right to Life website, which indicates my support of the Pro-Life cause. My donaton ($5.00 minimum) will help defray the cost of the print and online ads and will help in providing funds for the rental of billboards in Lorain County to have the Pro-Life message on display. I understand only my name will appear in the online ad.

How much would you like to give?

$5 (minimum) | $10 | $25 | $50 | Other

Name(s) to appear in the Ad

Church or Organization Name (optional)

☐ Please send me your newsletter

☐ I would like to volunteer

☐ I would like to support the Campaign, but I prefer my name not appear in the online ad

Donate

Click "Donate" to go to Second Page

Second page –Enter your payment information

Billing Address

Business, Apartment or Suite Number

City | State... | ZIP

Email Address (For Receipt)

Phone Number (Optional)

First Name | Last Name

Card | E-Check

Card Number | Month... | Year... | CVV

Comments