

MCCL Membership Form

Please print

NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL _____

\$30 donation enclosed (suggested donation)

Other: \$_____ donation enclosed

Payment method (check one):

Check _____

Credit Card: Visa _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number _____ - _____ - _____ - _____

Expires ____/____

Name as it appears on card: _____

Signature _____

An acknowledgment is not necessary

Please return this form to: MCCL, 4249 Nicollet Ave., Minneapolis MN 55409

Due to our lobbying efforts at the Legislature, memberships and general contributions to MCCL are not deductible as charitable contributions for income tax purposes.



MINNESOTA CITIZENS CONCERNED FOR LIFE