

I want to join in the Catholic League's struggle for religious freedom rights.

Enclosed is my membership contribution:

\$30 Individual / family

\$20 Senior membership

\$1,000 Life membership

\$20 Student membership

This is a NEW membership

This is a membership RENEWAL

This is a contribution of \$ _____ toward your work.

CHECK PAYMENT METHOD (*signature required for charge card payment*):

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card expires (M/Y) ____ / ____

Card number: _____

Signature: _____

Check enclosed payable to Catholic League

PLEASE PRINT

Name: _____

Address: _____

City/State/ZIP: _____

Phone: (Area code _____) _____

Please mail completed form to:
Catholic League, 450 Seventh Avenue, New York, NY 10123