

Euthanasia Prevention Coalition Donation / Membership/ Order Form

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Send me ___ copies of the Life-Protecting Power of Attorney for Personal Care @ \$25 per copy \$ _____

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Donation

Here's my donation toward Euthanasia Prevention Coalition operations and activities
ONE-TIME donation \$ _____

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(*I agree to have this amount withdrawn from my account every month)

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Send by mail OR fax OR e-mail – OR call our toll-free number

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