

KALAMAZOO COALITION
FOR THE PROTECTION OF
CHILDREN & FAMILIES

Membership Application

New

Renewal

Name _____

Address. _____

City _____

Phone _____

MI Zip _____

E-mail address _____

__ Yes, I want to help KCPCF (circle all that apply)

Prayer/Church Liaison **Legislative Issues**

Media/Public Speaking **Fund Raising**

White Ribbon Campaign **Special Events**

Other (fill in) _____

KCPCF relies upon the support of concerned citizens. Your gift will help educate others about pornography and its destructive nature and will help redirect the lives of those victimized by the industry and/or its product.

(* All donations tax deductible ***)**

Enclosed: (check which applies)

(membership year = Jan. to Dec. of this year)

_ \$10 single person membership

_ \$12 family membership

. Monthly pledge of \$ ____

_ One time gift of \$ ____

Make checks payable to KCPCF and mail to:

KCPCF, P.O.Box 2766, Kalamazoo, MI 49003-2766