

“ . . . we cannot underestimate the determination of Life Dynamics to destroy us -
and they have found an exceedingly dangerous tool.”

Warren Hern, Abortionist

Life Dynamics

LIFE ASSOCIATE PROGRAM

Now there is an easy way to know that your pro-life dollars are working to effectively shut down abortion clinics and save the lives of countless babies and their mothers. The program is called the ***Life Associate Program***. With this service you can have your monthly gift automatically deducted from your account, eliminating the cost of postage and checks. In addition we'll save on printing, postage and processing expenses so that your dollars are put to use more efficiently.

Becoming a Life Associate is both easy and convenient.

- u You can join at any time, change your gift at any time, or cancel your participation at anytime.
- u Just fill in the information on the attached reply card, including the amount that you wish to give on a monthly basis.
- u Then choose whether you wish to make your contribution on either the 5th or 20th of the month.
- u Drop the completed form in the envelope provided, along with a voided check or deposit slip, and mail it back to us.

It's that easy. The first automatic deduction will occur in three to six weeks. Each month you will receive notification of the transfer on your bank statement as well as a receipt from us, making your record keeping for tax purposes easy as well. If you have any questions call Life Dynamics at 940-380-8800 or write:

Life Dynamics Incorporated, *Life Associate Program*
Post Office Box 2226 Denton, Texas 76202.

Life Associate Program

I authorize Life Dynamics and the financial institution named below to charge my account each month the amount stated. I also include my authorization for Life Dynamics to reverse any charges made in error. This authority will remain in effect until I give written notice to cancel it. I understand that all changes in the status of this agreement must be made in writing and will take three to six weeks to process.

Your Name _____

Address _____ City _____ State _____ Zip _____

Account Type _____ Checking _____ Savings _____ Credit Card _____ Debit

Financial Institution's Name _____ or Type of Credit Card _____

Your Account Number _____ Expiration Date(credit card only) _____

Amount of Monthly Gift _____ (minimum \$5.00) Withdrawal Date _____ 5th _____ 20th

Your Signature _____ Date Signed _____