

SPECIALTY PLATES & FRAMES ORDER FORM

Please send me:

_____ PLATES @ \$15 _____ donation

_____ FRAMES @ \$10 _____ donation

Total Enclosed \$ _____ donation

Make Check payable to: **Holocaust Memorial**

Mail Check to: **Holocaust Memorial**

P.O. Box 832

Abita Springs, LA 70420

A 501(c)3 foundation, donation is tax-deductible.

NAME _____

Address _____

City _____

State/Zip _____

E-mail _____

Thank you and God bless.

Please continue to pray for the end to abortion.

www.CpForLife.org/Memorial

Cut CUPON Here