

SANCTUARY CITIES FOR THE UNBORN

PETITION FOR YOUR CITY TO PASS AN ORDINANCE OUTLAWING ABORTION WITHIN THE CITY LIMITS

First and Last Name (Please Print): _____

First and Last Name (Signature): _____

City Where You Live: _____ State: _____

Address: _____ Zip Code: _____

Do You Live Within The City Limits? _____ Phone: _____

Best Time To Reach You: _____

E-Mail: _____

City Where You Work: _____

City Where You Go To Church: _____

City Where You Go To School (If Enrolled) _____

Why Do You Want To See Abortion Outlawed? _____

Additional Comments: _____
