



Signature Ad
“Voice for the Voiceless”

Coordinator’s Report

Please return this completed report to the Right to Life office when turning in signatures and donations.

Organization Name: _____

Coordinator Name: _____

Coordinator Phone: _____

Coordinator E-mail: _____

Date(s) the bulletin announcement(s) ran: _____

Date(s) signatures and donations were collected: _____

Number of signatures: _____

Amount of money collected: _____

Signatures and donations were collected by (check one):

____ Signature Ad Sheet

____ Signature Ad Envelope

Coordinator’s Signature: _____

Comments and suggestions welcome below or on back side of report: