

Friend of Sarah's Law

ENDORSEMENT

Yes! I endorse Sarah's Law.

Please use my name as a Friend of Sarah's Law to protect our young daughters by requiring notification to a parent or adult family member prior to performing a surgical or chemical abortion on a minor girl under the age of 18.

Name _____

Signature _____

Occupation/ Title* _____

Mailing Address _____

Email Address _____

Contact number _____

Count on my contribution to this important measure through the following:

- Precinct walking
- Lawn signs
- Financial contribution
- Phone calling
- Speaking engagements
- Other: _____

Donate on our website:

www.friendsofsarah.com

or make checks payable to:

FRIENDS OF SARAH

1703 India Street

San Diego, CA 92101

Office: (866) 828-8355

Fax: (619) 881-2401

Ellen@friendsofsarah.com

* For identification purposes; will not be used to imply endorsement by employer/agency