



# Buck-A-Month

Council# \_\_\_\_\_ Name: \_\_\_\_\_

Donation Amount: \$12 \$20 \$25 \$50 \$100 Other \_\_\_\_\_

**Make checks payable to: Knights of Columbus Cultural of Life Foundation**  
*50% of your donation will be returned to your Council for local Pro-Life Activities.  
The remaining 50% is used to promote state wide Pro-Life Activities.*



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