

Thank you for your interest in *In Good Conscience*. If you would like more information about the ethical provision of health care in our country, please fill out and fax or mail the form below or sign up on our website www.rcrc.org

YOUR NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

FAX: _____

Check as many as apply:

- _____ I would like the Religious Coalition for Reproductive Choice to make a presentation to my congregation or organization about *In Good Conscience*
- _____ I would like information about introducing a resolution to my denomination in support of *In Good Conscience*
- _____ I would be interested in having my organization or congregation become an endorser of *In Good Conscience*
- _____ Our hospital board/ pharmacy/ clinic/ doctor's office would be interested in adopting *In Good Conscience* as a policy statement that shows our commitment to ethically providing health care for all
- _____ I have been denied services for contraception, emergency contraception, abortion or other reproductive health care services and would like to share my story. Please contact me.

Please return completed form to:

In Good Conscience, Religious Coalition for Reproductive Choice,
1025 Vermont Avenue, NW, Suite 1130 , Washington DC 20005
or fax to 202-628-7716