



VIVA LIFE

MAY 2006
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NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

“NO PAIN NO GAIN”

We have all heard this expression before, but when it is applied to The Right To Life Committee of New Mexico it means we are having pain and we are not making a gain. RTLCLNM is struggling to keep on course educating and developing as an organization.

Donations to the PAC are coming in; however, this money can only be used for political activities. Paying rent, telephone, salaries, supplies, travel costs involved in chapter development, and educational materials are covered by funds from membership or the educational trust fund. It is here that the pain is found.

So we come to those who make up the Right To Life Committee of New Mexico, you and others like you who care.

We realize some of you are giving on a three-year tele-marketing plan, and some are giving monthly. For this we are exceedingly grateful. However, we hope that all who read this will dig in their pockets and give what they can to help us over a rough period until planned fundraising events kick in.

We must keep the organization's activities functioning by organizing, educating, and political activities. However, the organization must grow to meet the educational needs of our state. This impacts changing attitudes and actions, and greatly impacts political activities in the future.

REGISTER TO VOTE

There is still a little time for you to register for the Primary (May 9). Then the books are closed until after the Primary. To register to vote, contact your county clerk, and you will be advised as to what you must do.

COUNTY CLERKS

Bernalillo:	Mary Herrera - 768-4090
McKinley:	Jacqueline Sloan - 863-6866
Catron:	Cynthia Wasserburger - 533-6400
Mora:	Charlotte Duran - 387-2448
Chaves:	Rhoda Goodloe - 624-6614
Otero:	Robyn Silva - 437-4942
Cibola:	Eileen Martinez - 285-2535
Quay:	Ellen White - 461-0510
Colfax:	Rayetta LeDoux - 445-5551
Rio Arriba:	J. Fred Vigil - 461-0510
Curry:	Mark Trujillo - 763-5591
Roosevelt:	E. Janet Collins - 356-8562
De Baca:	Laurie Pettigrew - 355-2601
San Juan:	Fran Hanhardt - 334-9471
Dona Ana:	Rita Torres - 647-7420
San Miguel:	Pecos Maez - 425-9331
Eddy:	Jean Blenen - 885-3383
Sandoval:	Sally Padilla - 867-7572
Grant:	Howie Morales - 574-0042
Santa Fe:	Valerie Espinoza - 986-6280
Guadalupe:	Adam Gallegos - 472-3791
Sierra:	Janice Sanchez - 894-2840

Harding:	Marie Atencio - 673-2301
Socorro:	Audrey Jaramillo - 835-0423
Hidalgo:	Carmen Acosta - 542-9213
Taos:	Elaine Montano - 737-6380
Lea:	Melinda Hughes - 396-8623
Torrance:	Linda Kayser - 246-4735
Lincoln:	Tammie Maddox - 648-2394
Union:	Joyce Sowers - 374 9491
Los Alamos:	Mary Kraemer - 662-8010
Valencia:	Tina Gallegos - 866-2073
Luna:	Karen Smyer - 546-0491

PAC REPORT FOR JUNE PRIMARIES

The Right to Life Committee of New Mexico's Political Action Committee has finished its endorsement process and is in the process of sending letters to those people who live in the endorsed candidates' districts to ask them to support these candidates.

There are two Primaries on June 6, 2006 - A Democratic Primary and a Republican Primary. The information provided to you will be listed under this format.

The rating of the candidates will be: E-Endorsed, R-Recommended, A-Answered and NA-No Answer.

To be endorsed (E), even if it is an incumbent with a pro-life voting record, he/she must answer our questionnaire. Even when a pro-life incumbent and all others answer the questionnaire, the answers must agree with RTLCLNM's positions in order to receive our endorsement. Usually, pro-life incumbents are endorsed. Endorsed is the best, as it means the candidate agrees with RTLCLNM on all matters.

Recommended (R) means they agree on most matters but have some exceptions to abortion that RTLCLNM does not adopt. However, we can work with such candidates in regards to our legislation.

Those marked "Answered" (A) did take the time to answer but either didn't agree or didn't understand enough to be either endorsed or recommended.

Those marked NA did not answer, even after personal phone calls were made to them.

Endorsements are for the primary. A candidate may be running against someone who had no contest in the Primary but will have an opponent for the General election in November. They will be sent the same questionnaire after the primary, and we will compare answers at that time.

EUTHANASIA AND ASSISTED SUICIDE A WORLDWIDE PROBLEM

Euthanasia and Assisted Suicide are creating heated debates and great concerns for the future of humanity. It is not just in a few places in the U.S. but also in Europe, Australia, and many other places. Euthanasia is already in place in the Netherlands, Belgium, and Switzerland and is well on its way in Britain. By 2030, one in four people in

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DEMOCRATIC PRIMARY (Contested races only)

STATE CANDIDATES

Secretary of State

1. Mary Herrera – A
2. Stephanie Gonzales – A
3. Shirley Hooper – NA
4. Letitia Montoya – A

State Auditor

1. Thomas Buckner – NA
2. Jeff Armijo – NA

Attorney General

1. Geno Zamora – NA
2. Gary King – NA
3. Lemuel Martinez – NA

Commissioner of Public Lands

1. Jim Baca – NA
2. Ray Powell – NA

Public Regulation Commission District 2

1. Joseph Calderon – NA
2. Stephanie Dubois - NA
3. Paul Sena – NA

Public Regulation Commission District 4

1. Steve Gallegos – NA
2. Derreth Watchman - A
3. Louis Gallegos - NA
4. Andrew Leo Lopez – RECOMMENDED

Public Regulation Commission District 5

1. Sandy Jones – A
2. E. Shirley Baca – NA

STATE HOUSE OF REPRESENTATIVES

House District 7 (Valencia County)

1. Chris Martinez – NA
2. Andrew Barreras - NA
3. Kevin Cronk - NA
4. Steven Otero - NA
5. Benny Hodges – NA

House District 12 (Bernalillo County)

1. Ernest Chavez – NA
2. Daniel Garcia – NA

House District 16 (Bernalillo County)

1. Antonio Maestas – NA
2. Pat Baca – NA
3. Dan Serrano – A
4. Dominic Aragon – RECOMMENDED

House District 18 (Bernalillo County)

1. Gail Chasey – NA
2. Joseph Garcia – NA

House District 39 (Grant and Hidalgo Counties)

1. Manuel Herrera – ENDORSED
2. Ben Ortiz – A

House District 40 (Mora, Rio Arriba, San Miguel, Santa Fe, and Taos Counties)

1. Nick Salazar – NA
2. Archie Velarde – NA

House District 41 (Rio Arriba, Sandoval, and Taos Counties)

1. Debbie Rodella – NA
2. Moises Morales – NA

House District 48(Santa Fe County)

1. Luciano (Lucky) Varella – NA
2. Quida MacGregor – NA

House District 70 (San Miguel and Torrance Counties)

1. Richard Vigil – NA
2. Naomi Montoya – RECOMMENDED

REPUBLICAN PRIMARY (Contested races only)

STATE CANDIDATES

Public Regulation Commission District 5

1. Doyle Pruitt – A
2. C. Earl Greer – NA
3. D. Kent Evans – NA

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Republican Primary (Contested...)...

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STATE HOUSE OF REPRESENTATIVES

House District 6 (Cibola and McKinley)

1. Raymond Clawson – NA
2. Edward Smith – NA
3. Kevin Dixon – NA

House District 29 (Bernalillo County)

1. Thomas Anderson – ENDORSED
2. James Barnett – A

House District 56 (Lincoln & Otero Counties)

1. W. C. “Dub” Williams – A
2. Leo Martinez – RECOMMENDED

House District 59 (Chaves, Lincoln and Otero Counties)

1. Nora Espinoza – RECOMMENDED
2. Mike Kaluska – NA

House District 66 (Chaves, Lea, Eddy and Roosevelt Counties)

1. Keith Gardner – ENDORSED
2. Lucille Tucker – NA

House District 20 (Bernalillo County)

1. James White – A
2. Richard Berry – ENDORSED

House District 30 (Bernalillo County)

1. Justine Fox – NA
2. Bob White – ENDORSED

Euthanasia and Assisted Suicide...

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Europe will be 65 or over. In the U.S. it will be one in five. This is what is fueling the push to make euthanasia legal. The only question seems to be is where to set the boundaries.

It is interesting that all these countries have legalized abortion and as a result the population has not increased in the numbers they need. Only through immigration have they been able to maintain their country's needs. In many cases the immigration is from Muslim countries, and that has presented another set of problems.

The saying “one should not fool around with Mother Nature” needs to be contemplated. Because previous actions have led to an imbalance the number of elderly, so will activities that bring about euthanasia impact everyone, and not just the elderly.

Netherlands: In 2002, the government legalized assisted suicide (the doctor provides drugs that one can use to kill one's self) and euthanasia (the doctor administers a fatal injection of drugs). The law is not limited to adults, nor does the applicant for euthanasia have to be terminally ill. The main basis for a request is hopeless and unbearable suffering, regardless of life expectancy.

All cases are reviewed by medical committees, and instances of suspected wrongdoing are referred to judicial investigators (not done very often). The Dutch government is reviewing a protocol to allow euthanasia with parental consent on infants born with terminal and painful illnesses.

When polled, the average person in the Netherlands feels they will be euthanized with or without their consent.

Switzerland: Article 115 of the Swiss Penal Code exempts people who assist in a suicide for honorable motives, such as to help bring an end to suffering. Switzerland also allows voluntary organizations to help people, including foreigners, end their lives. Where lethal medication is required, a doctor's prescription is obtained. All acts of assisted suicide are reported to the police and

investigated.

Belgium: The Belgian Act on Euthanasia passed in 2002 defines euthanasia as “intentionally terminating life by someone other than the person concerned at the latter's request.” Assisted Suicide remains illegal. Requirements include that the patient should have attained the age of majority, that the request be “voluntary, well-considered and repeated”, and the patient be “in a futile medical condition of constant and unbearable physical or mental suffering that cannot be alleviated.” All acts of euthanasia must be reported to the authorities.

Britain: A bill was introduced this month in the House of Lords that would allow a competent and terminally ill person who has reached the age of majority and is suffering unbearable pain to request either assisted suicide or voluntary euthanasia. It sets requirements including an assessment by an attending physician that the patient is likely to die of natural causes within a few months, that the patient is competent to make the request, and he or she is suffering unbearably. The patient must sign a written declaration of intent. If this has not been revoked within 14 days of the date on which the request was first made, the patient can receive the means to take his or her own life, or, if the patient is physically unable to do that, have his or her life ended through voluntary euthanasia. A medical committee would review all cases.

Oregon, U.S.: The Oregon Death with Dignity Act (ODDA) passed in 1994 applies only to people who have reached the age of majority (legal age) and have been diagnosed as being terminally ill. It offers the successful applicant assisted suicide; a doctor gives the patient a prescription for a fatal dose of barbiturates that the patient can take. Please notice that “depression and physical illness are treated the same” are both reasons for someone to kill him/herself. In Oregon, anyone seeking suicide does not need to be evaluated by a psychologist or psychiatrist. This is may also be true in Europe.

Unbearable pain does not address what treatment has been made available to a patient and whether treatment is

Euthanasia and Assisted Suicide...

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current and provided by a qualified physician.

Coercion is not addressed, and “non-voluntary” euthanasia is not addressed but must become the next step. This is where someone who is unable to communicate is deemed to want suicide, although that person has not made this known in writing or by any other means before being unable to communicate.

As with abortion, euthanasia has a symbol it works under: “\$”. As our society’s elderly population increases and the cost of caring goes up, the “easy” solution is removing from society those who cost so much. It is not compassion that is driving this push but convenience and society, which makes it easier to eliminate the dying or when not dying, those who are expendable.

OTHER EUTHANASIA ACTIVITIES

As has been predicted, euthanasia is growing worldwide and in our country. Here are some stories to show you this is true.

1. Massachusetts: The Massachusetts Supreme Court has ruled that a hospital can end the life of a badly abused 11-year old girl, even though she is doing better and has begun responding to stimuli. Haleigh Pourte was abused by her birthmother and placed in a foster home with her adoptive mother and father. They allegedly beat her nearly to death with a baseball bat that left Haleigh in a comatose state. The court ruled that she was to be taken off the respirator, which she was the next day, and now she is breathing on her own.

2. Washington State: A state lawmaker has introduced a proposal that would make Washington state the second state to legalize the grisly practice of assisted suicide. The bill is not expected to make much progress, but former governor Booth Gardner says he plans a ballot initiative and an extensive campaign for it for 2007.

3. California: Assisted Suicide advocates in California re-launched their efforts to legalize assisted suicide in California. They cited the U.S. Supreme Court decision saying the federal government can’t prohibit the use of federally controlled drugs in assisted suicide as bolstering their case. Those supporting the legislation had a rally at the state capitol. However, they face an uphill battle, as the measure failed to make it out of committee last year, as some Democrats joined Republicans in opposing the bill.

4. Houston, Texas: A woman who wants to live is facing death after a hospital ethics committee voted behind closed doors to remove her from life support, reported World Net Daily on April 25, 2006. Officials at St. Luke’s Hospital in Houston can legally remove Andrea Clark’s respirator against her expressed wishes and that of her family under a Texas law that gives hospitals the power to decide if a patient’s life is “worth” maintaining.

5. Congress: Pro-life advocates are asking Congress to approve a measure making it clear that the Controlled Substance Act does not allow drugs to be used for assisted suicides. This would require an amendment to the Controlled Substance Act that would state that assisted suicide is not a “legitimate medical purpose.” “Nothing in the U.S. Supreme Court decision suggests that Congress lacks the constitutional authority to amend the Act to make clear that federally controlled drugs may not be used to kill people,” says Dorothy Timbs, legislative counsel for National Right To Life’s medical ethics center. Timbs explained that one result of the high court’s decision is that state lawmakers will be under added pressure to

approve assisted suicide. Tom Marzen, a leading pro-life attorney, is calling for Congress to act. Without Congress approving such a measure, Marzen told LifeNews.com he worries about states like California, Hawaii, and Vermont where “there have been recent very serious attempts to explicitly legalize physician-assisted suicides.”

6. Germany:

Sonthofen, Germany: A German nurse accused of killing some 29 patients, many through involuntary euthanasia, is scheduled to go on trial soon. Stephan L, a 27 year-old who has been named the “Angel of Death” in the German media, has admitted to giving lethal injections to 16 elderly patients at a local hospital and is likely responsible for 13 more. Autopsies have been performed on 42 patients at a hospital in the Bavarian town, and there is sufficient evidence to charge Stephan. He now faces 16 counts of murder and 12 counts of manslaughter, as well as one count of assisted suicide. The victims all died during the 17 months Stephan worked at the clinic, and most of the patients were above the age of 75. However, one was 40. Only when medications were found missing were red flags raised. These medications were found in Stephan’s home - enough to kill 10 more patients. Stephan said he killed the people out of “compassion”. Family members said none of the patients wanted to die.

Augsburg, Germany: German officials are investigating the Swiss euthanasia organization Dignitas after one of its German doctors committed suicide following his discovery that he euthanized a healthy patient. The organization asked the doctor to kill the woman after she came to them bearing a false medical record claiming she was terminally ill. Although her supposed medical report showed her having cirrhosis of the liver, an autopsy revealed she didn’t, and officials said the woman only suffered depression. The woman obtained the fake report from her general practitioner in Augsburg by telling him she was going to use it as a basis for sick leave from her job. The doctor told German officials he had no idea she would use it to contract Dignitas. Hans-Juergen Kolb, Augsburg’s senior public prosecutor, has launched an investigation into the conduct of both doctors and is working with Swiss authorities who are already looking into the case. “Post mortem reports have already shown that she was not suffering from irreversible liver damage, and if we find that her mental health was in doubt, the charges could more serious,” Kolb said, according to a report from the Newsinferno service. Despite the German autopsy showing her in good physical health, Minelli, the founder of Dignitas, claims the woman really did suffer from cirrhosis of the liver, as well as hepatitis.

7. North Korea: A doctor who defected from Communist-controlled North Korea told a human rights panel that few disabled people are living in the Asian nation because physicians kill newborn babies with physical disabilities shortly after birth. This type of euthanasia is called infanticide.

MORE SUCCESS STORIES IN STEM CELL RESEARCH

None of these stories have anything to do with embryonic stem cell research, which to date has **not had one success story.**

Adult Stem Cells: Scientists have found a way to greatly increase the number of adult stem cells grown in a laboratory. By preparing a “cocktail” consisting of growth factors, the adult stem cells were able to grow to at least 10 times the number of cells grown by any previous laboratory techniques. The results were published in the January

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Other Euthanasia Activities...

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22, 2006 online issue of Nature Medicine.

Bruce Bunnell, Ph.D, associate professor of pharmacology and a researcher at the Center for Gene Therapy at Tulane University Health Sciences Center in New Orleans, said that the study was "a tremendous finding for the field."

The author of the study, Harvey Lodish, Ph.D, of the Whitehead Institute for Biomedical Research in Cambridge, Massachusetts and professor of biology at MIT, explained the significance of the discovery saying, "The practical problem for a lot of bone marrow transplants is that you need more stem cells than you can get." Dr. Bunnell elaborated further, "One of the major issues for hematopoietic {relating to the production of blood cells} and bone marrow transplantation has been the inability to get sufficient numbers of cells because they just don't want to grow in the laboratory... In general, we get maybe a two-to five-fold expansion, and for most patients and most transplants you need many more cells. The ability to generate many more cells would more than likely significantly enhance the efficiency at which engraftment occurs. The ability to go from five-fold to 30-fold is a tremendous achievement."

The stem cells were able to multiply through the addition of "support cells" that contained specific genes capable of producing certain growth factor proteins. One of the proteins used was IGF-2, which produced an eight-fold increase in the growth of the stem cells. The next step in the process is to attempt this experiment on human cells. If successful, this discovery will greatly increase the availability and practicality of using adult stem cells for bone marrow transplants.

In addition, this technology could eventually be used for gene therapy in attempts to correct genetic defects. However, gene therapy is currently in its infancy and has not yet been approved by the FDA. **Information provided by www.stemcellresearchreport.com**

Lupus Patients: In February 2006, the Journal of the American Medical Association (JAMA) published the results of a preliminary study on stem cell transplantation in patients with systemic lupus erythematosus (SLE) using the patients' own stem cells. SLE is a life threatening autoimmune disease that affects approximately five million people worldwide, mostly women. In patients with SLE, the body's immune system attacks healthy tissue, which can lead to any organ in the body being damaged, including the skin, kidneys, heart, lungs, and brain.

Lead researcher Dr. Richard Burt of Northwestern Memorial Hospital in Chicago conducted a seven-year study on the use of autologous nonmyeloablative hematopoietic stem cell transplantation (HSCT) on 50 patients with SLE who were not responding to current methods of treatment – including immunosuppressive therapies – and who had life-threatening organ or visceral involvement. Autologous HSCT involves collecting and intravenously infusing blood-producing stem cells obtained from the patient's bone marrow or peripheral blood. Nonmyeloablative means that the patient's bone marrow is not completely destroyed in the infusion of stem cells.

Two of the patients died after the stem cells had been collected, one from a disseminated fungal infection and the other from active lupus. Therefore, 48 patients actually underwent autologous nonmyeloablative HSCT. Of these 48 patients, the overall five-year survival rate was 84 percent, and the rate of disease-free survival at five years was 50 percent. Furthermore, the use of HSCT in this study

appeared to stabilize kidney function, improve serologic markers, ameliorate disease activity, and stabilize or reverse organ dysfunction.

A European analysis of 53 patients from 23 centers who receive autologous HSCT found a similar rate of disease-free survival at five years to be 55 percent. However, this study had a higher mortality rate (23 percent) that is most likely attributed to variations in the conditioning regimens (preparative immunosuppressive therapies used to prevent rejection of the transplanted cells) used at the different centers.

The purpose of this nonrandomized trial was to provide justification for a randomized study that compares autologous HSCT with current methods of care. Based on these remarkable results for severely ill lupus patients, Dr. Burt's team will begin a randomized trial for 100 lupus patients. Half the patients will be randomly selected to receive HSCT while the other half will be given conventional immunosuppressive drugs. These stem cell studies give new hope for lupus patients and their families.

Human Bladders: In April of 2006, researchers said they have grown complete urinary bladders in a laboratory and transplanted them into patients thereby improving their health and achieving a Holy Grail of medicine: the first cultivation of working replacements of failing solid organs in people.

The "neo-bladders," each one grown in a small laboratory container from a pinch of a patient's own cells, have been working in seven young patients for an average of almost four years, according to a report released by the British Journal the Lancet. The organs have remained free of any complications that bedevil the convention practice of surgically constructing bladders from other tissues.

If ongoing studies continue apace, the researchers said, they hope someday to offer patients more than a dozen other homegrown organs, including blood vessel complexes, partial kidneys and perhaps hearts.

"It really is uncharted territory in terms of how you do these things," said Anthony Atala of Wake Forest University School of Medicine in Winston-Salem, NC who led the work with Alan Retik at Children's Hospital and Harvard Medical School in Boston.

Experts applauded the work as a coming-of-age-for the long-struggling field of tissue engineering and as a possible way to bypass some of the controversy over embryonic stem cells.

Because the replacement bladders were made from the patients' own cells, they did not stimulate an immune-system reaction. "This approach allows us to avoid completely the risks of rejection and the need for immunosuppression," said Steven Nichtberger, chief executive of Tengion Inc. in King of Prussia, PA, which was not involved in the work described in the Lancet but was formed in 2003 to market the technology. "This brings the promise of regenerative medicine to life."

The new study involved seven children, age 4 to 19, with spina bifida, a serious birth defect of the spinal cord. Because of misconnections in the nerves to the bladder, many such patients experience urinary pressure.

For decades, surgeons have crafted various bladder stand-ins, often using intestinal tissue. But complications are common, including leakage, infections, stones in the bladder, and bone loss – in part because the transplanted intestinal tissue absorbs rather than excretes various waste compounds.

Colon cancers have also recently begun to emerge in some patients with intestinal-tissue bladders, a worrisome trend that has invigorated the search for alternatives.

"This has been the dream we've all had to come up with a tissue-engineered bladder," said Tony Khoury, Chief of

**RIGHT TO LIFE COMMITTEE
OF NEW MEXICO**

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**Other Euthanasia
Activities...**

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Pediatric Urology at the Hospital for Sick Children in Toronto.
**Information provided by
Washington Post/Rick Weiss**

PRESIDENT BUSH: Because of his limits on paying for any new embryonic stem cell research, President Bush is accused of generally not supporting stem cell research. However, the President's 2007 budget includes more than \$600,000,000 on the research of adult stem cells.

**MAY'S PUBLIC ACCESS
CHANNEL SCHEDULE**

On Comcast Cable Channel 27, our Albuquerque Public Access Channel, the following pro-life videos will be seen on the following dates:

- May 5** - Kathy's Story Segment; Eclipse of Reason, The Miracle of Ultrasound
- May 12** - Conceived in Liberty
- May 19** - The Committee; Abortion Questions and Answers-Short version, Living Experiments
- May 26** - In the Beginning - Video Journal of Life in the Womb; Interview with Sandra Cano; The Way of Champions

NEWS FLASH!

Comcast Cable Channel 27 is now "streaming" on the worldwide web. Now anyone with a computer and Internet access anywhere on the planet can watch these shows on a live video "feed" through a computer display monitor. Just log on to www.quote-unquote.org at 11:00 p.m. every Friday and click on the Windows Media Player button. (Quote-Unquote Inc. is the actual legal name of Public Access Channel 27.)

**MEMBERSHIP
APPLICATION**

I understand that the Right To Life Committee of New Mexico (RTLNCNM) is a non-sectarian, non-profit organization dedicated to the right to life of all innocent human beings from fertilization to natural death; that this organization takes a stand only on those issues that are directly related to abortion, infanticide and euthanasia.

I support the goals of RTLNCNM, including a Human Life Amendment to the U.S. Constitution, and hereby make application for membership (renewal) as follows:

- Individual — \$20.00
- Corporate — \$40.00 - for business organizations
- Family — \$30.00
- NRL News Subscription (\$5.00 with paid membership)

Name _____

Address _____

City/Zip _____

Wish to: (check one)

- Register to vote
- Re-register

I am a registered: (check one)

- Republican Democrat
- Other

Signature Required

Five Alive PROGRAM

RTLNCNM hopes you will sign up for the *Five Alive Program 2006*, which helps provide a budget to keep our organization operational and meet our basic needs. You can fill out the form below. We will need this a.s.a.p. so that we can mail envelopes out and have you ready to start contributing your tax-deductible donation in January. \$5.00 a month from everyone would allow us to raise money for media and other educational tools, so come on board by sending in the form below...

I wish to donate \$5.00 monthly I wish to donate \$ _____ monthly

Monthly thank you notes will not be sent.

Name _____ Phone _____

Address _____

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