

Action Alert



Please act now to protect the unborn in Minnesota!

House File 201, a bill that would limit the use of funds for state-sponsored health programs for funding abortions, is scheduled to be heard in the House Committee on Health and Human Services Reform on Tuesday, March 15th, 2011. If passed, no state funding would be used to support abortions here in Minnesota unless the life of the mother were in danger. Take action now and help support the core belief that all life is sacred from conception to natural death!

Take Action

Please personalize your message as it will have greater impact.

1 COMPOSE MESSAGE

Message Recipients:

- Mary Kiffmeyer
- Patti Fritz
- Jim Abeler, Health and Human Services Finance Division
- Tara Mack, Vice Chair,
- Tina Liebling
- Steve Gottwalt, Committee Chair,

Delivery

Method:

- Email
 Printed Letter

Subject:

Please Support HF 201 To Protect the Unborn

Required text:

(this text will appear at the beginning of your message)

As you are a member of the Health and Human Services Reform Committee, I write to you to urge your support of HF 201, which would limit the use of funds for abortion in state-sponsored health programs.

Impact Meter:

[Research](#) has shown that shorter messages are more effective. Use this meter to keep your message to a good length!



0 characters 1.5K characters 3K characters 5K characters

Editable text:

(edit or add your own text)

As a Catholic, I believe it is a moral imperative to protect innocent lives. This bill would help to protect unborn children as well as prevent Minnesotans who are opposed to abortions from having to pay for them.

Tip: Cutting-and-pasting? Save as [plain text](#) first.

Required text:

(this text will appear at the end of your message)

Thank you for working so hard for all Minnesotans.

Your Closing:

Your Name:

Sincerely,

2 SENDER INFORMATION

This system requires that you provide your name and contact information. This information will not be used for any purpose other than to identify you to the recipient.

Your Contact Information:

Prefix ([required](#) by some officials)

Mr.

First *

Last *

Email *

Address *

City *

State *

ZIP *

ZIP + 4

Minnesota