

EASY GIVING FORM

For the past twenty-five years, Hope Pregnancy Center has been offering hope to women in crisis pregnancy situations by providing free pregnancy tests and a listening ear from our trained staff and volunteers. You can share in our commitment to offering hope. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Hope Pregnancy Center. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the families we serve. To start, please fill out this form and mail or fax it to our office.

Name(s)	
Address	
City	_State Zip Code
Telephone	Email
I'd like to make a Monthly Quarterly Semi-Annual Annual OR One-time donation of \$ Please process my donation on the1 st of the month OR15 th of the month	
I plan to make this donation in the form ofChecking Account OR	Credit Card
VISA DISCOVER Credit Card Number	Expiration Date /

<u>Enclosed is a check for my first month's donation OR credit card information for my donation</u>. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above and I may increase, decrease, or suspend my donation at any time through the Hope Pregnancy Center website at <u>www.hopepregnancycenterct.org</u> or by contacting Hope Pregnancy Center by phone or mail. All donations provided to Hope Pregnancy Center comply with U.S. Law.

Signature	Date
KEEP THIS PO	RTION FOR YOUR RECORDS
For your convenience, record your Monthly Quarterly	Semi-AnnualAnnual OROne-Time donation of \$
To be processed on the: 1^{st} OR 15^{th} of the month.	
You may increase, decrease, or suspend your donation at any contacting us by phone or mail. All donations provided to Ho	r time through our website at <u>www.hopepregnancycenterct.org</u> or by ope Pregnancy Center comply with U.S. law.

Hope Pregnancy Center 110 Main St. Cheshire, CT 06410. Phone and Fax: 203-271-2703 • <u>www.hopepregnancycenterct.org</u>