



Providing Hope and Help for women facing a crisis or unplanned pregnancy

Thank you for your donation to the Beacon of Hope.

Beacon of Hope Pregnancy Care Center is a Christ centered ministry committed to sharing His love and the Gospel with individuals facing an unwanted, or crisis pregnancy; offering hope and providing spiritual, physical and emotional support.

Our purpose is:

- To assist women in carrying their pregnancies to term and to provide emotional support and practical assistance.
To offer free pregnancy tests, abortion alternatives, adoption and single parenting information.
To provide clients with accurate information about prenatal development, abortion and abortion procedures, available options, birth control and abstinence.
To create community awareness of the needs of pregnant women and provide material support for items such as maternity and baby clothes, formula and diapers.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Donation Amount \$ _____ All donations will be applied to our General Fund.

I'd like to make a ___ One-Time ___ Monthly ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please process on the ___ 1st of the month ___ 10th of the month ___ 20th of the month

Recurring Gift Start Date: ___ / ___ / ___ (mm/dd/yyyy)

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift

In Memory/Honor of: _____

Please send acknowledgement to: (include name and address for all recipients)

___ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

___ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ___ / ___



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.beaconofhopepcc.com or by contacting Beacon of Hope Pregnancy Care Center by phone or mail. All donations provided to Beacon of Hope Pregnancy Care Center comply with U.S. laws and regulations.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records or you can request a copy from Beacon of Hope Pregnancy Care Center 2360 Midland Road • Bay City, MI 48706 • (989) 922-5433 • www.beaconofhopepcc.com