

SUSTAINER GIVING FORM

We exist to serve God by providing pregnancy and parenting resources empowering families to make life-affirming decisions.

TPRC offers services to anyone regardless of age, race, creed, color, national origin, income or marital status. Our Client Advocates and staff are trained in crisis pregnancy intervention and post abortion counseling.

Many of our clients come to us frightened, confused and uninformed. But our trained Client Advocates stand ready to help them make decisions they will not regret about abortion, childbirth, maternity homes and adoption.



Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

____ We will keep you informed of the many lives you are affecting with your gift.

I'd like to make a _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

As a _____ One-Time _____ Monthly _____ Semi-Monthly** _____ Quarterly _____ Semi-Annual _____ Annual Gift

On the _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

**Please choose two dates for Semi-Monthly gifts. Please note the total donation amount specified will be debited on each date selected.

Start Date: ____/____/____ (mm/dd/yyyy)

Donation Amount \$ _____

Please apply my gift to: _____ General Operating Expense _____ Save the Storks _____ Spring Luncheon

_____ Other (Please indicate) - _____

Enclosed is a voided check OR credit card information for my donation. 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. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.thepregnancyresourcecenter.org or by contacting THE Pregnancy Resource Center by phone or mail. All donations provided to THE Pregnancy Resource Center originating as ACH transactions comply with U.S. Law.

Credit Card Number _____ Expiration Date ____/____



Signature _____ Date _____

(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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