

# 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  1<sup>st</sup>  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> 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](http://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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