

GIVING FORM

Thank you for your interest in supporting the ministry of Rachel's House. You can share in our commitment to reach out to women in unplanned and crisis pregnancy situations. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Rachel's House Pregnancy Clinic.

Rachel's House

PREGNANCY CLINIC

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Email _____

_____ **YES! I would like to receive updates on the work at Rachel's House Pregnancy Clinic through newsletters, mailings, emails, and additional information.**

GIFT INFORMATION

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

In Memory/Honor of: _____

As a: One-Time Gift Monthly Gift Quarterly Gift Annual Gift

On the: 1st of the month 15th of the month 25th of the month

In the Amount of \$ _____ *All donations will be applied to your General Fund.*

COMMENTS: _____


PAYMENT INFORMATION

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 by contacting Rachel's House Pregnancy Clinic at (912) 538-0716 or rachelshouseprc@gmail.com. All donations provided to Rachel's House Pregnancy Clinic comply with U.S. Law.

Signature _____ Date _____

(Required)

Please make a copy of this form for your records or you can request a copy from

Rachel's House Pregnancy Clinic • PO Box 2057 • Vidalia, GA 30475 • (912) 538-0716 • www.rachelshouseprc.org • rachelshouseprc@gmail.com