



PREGNANCY CENTER

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.

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____

GIFT INFORMATION

I would like to make a *In Memory/Honor of:* _____
 Donation
 Memorial Gift **Please process my donation on the:**
 Honor Gift 1st of the month
 15th of the month


I'd like to make a: **Please start my gift on:**
 One-Time gift _____ / _____ / _____
 Monthly gift (mm/dd/yyyy)
 Quarterly gift
 Semi-Annual gift Comments: _____
 Annual gift _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**
***For One-Time Checking Account donations, please include a completed check with your donation form.*

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

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 www.hopepregnancycenterct.org or by contacting Hope Pregnancy Center by phone or mail. All donations provided to Hope Pregnancy Center comply with U.S. Law.

Credit Card Number _____
Expiration Date ____ / ____ 

Signature (Required) _____ **Date** _____