



## SUSTAINER GIVING FORM

Investing in Life –

- \$131 per month saves 1 baby a year – that's \$4 a day! Less than a gourmet coffee!
- \$200 per month or \$7 a day to sponsor a family learning to be their best at parenting!
- \$400 provides pregnancy testing supplies and services for an entire month!
- \$3,000 per month provides marketing so we can be the "first call" for more women looking for an abortion. If they don't come to us, we can't help!

### CONTACT

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

### GIFT INFORMATION

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

In Memory/Honor of:

As a:  One-Time  Monthly

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

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Donation Amount \$ \_\_\_\_\_

Please apply my gift to: \_\_\_\_\_ General Operating Expense \_\_\_\_\_ Wall of Hope Banquet

\_\_\_\_\_ 2024 Winter Newsletter \_\_\_\_\_ General Funds/Patriot Radio Station

\_\_\_\_\_ Other (Please indicate) - \_\_\_\_\_

### PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_



Yes! I wish 100% of my donation amount to go to THE Pregnancy Resource Center. I would like to pay the 3% credit card or \$0.25 ACH processing fee associated with my donation.

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.tprck.org](http://www.tprck.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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

**For Office Use Only**  
\$ \_\_\_\_\_ Processing Fee Amount (3% for  
Credit Card gifts or \$0.25  
for Checking Account gifts)  
\$ \_\_\_\_\_ Total Donation Amount  
(required) (Donation Amount specified above  
+ Processing Fee Amount)

THE Pregnancy Resource Center is a United States registered 501(c)(3) non-profit organization (Tax ID# 74-2352222). We acknowledge that no goods or services were provided in exchange for this gift. All U.S. donations are fully tax deductible to the extent of the law. Please consult your tax advisor for further information.

Please make a copy of this form for your records, or you may also request a copy from:  
THE Pregnancy Resource Center • P.O. Box 291832 • Kerrville, TX 78029-1832 • (830) 496-6825 • [www.tprck.org](http://www.tprck.org)