



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: 1st 5th 10th 15th 20th 25th of the month

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

Donation Amount \$ _____

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

_____ General Funds/Patriot Radio Station _____ 2024 Giving Tuesday

_____ 2024 Year End Appeal Letter _____ 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 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