

KANSAS CITY

PREGNANCY CLINIC

\$100,000 Goal



GIFT + PLEDGE

_____ 2020 Pledge Amount

_____ Check amount enclosed

Mercy and Truth Medical Building

_____ 2021 Pledge Amount

_____ Credit Card/Debit Card (complete below)

_____ 2022 Pledge Amount

We also welcome non-cash gifts, e.g., stock, real estate, vehicles, etc.

_____ Total 3-year Pledge

MONTHLY GIFT

I wish to make a monthly recurring gift.

Circle the amount of your monthly contribution:

\$100 \$50 \$25 \$20 \$10 Other _____ Select a date for your deduction (please circle) 1st 15th

Charge my Credit Card /Debit Card on a monthly basis (complete below)

ONE-TIME GIFT

Please circle the amount of your gift:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 OTHER _____

_____ Check Amount Enclosed

_____ Credit Card/Debit Card (complete below)

YOUR INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

EMAIL _____ Phone# _____

Please add me to your e-newsletter (circle) YES NO

Please add me to your prayer chain (circle) YES NO

CREDIT CARD / DEBIT CARD INFORMATION

Credit/debit card # _____ Security code (3 or 4 digit)# _____

Name on Card (PRINT) _____

Signature _____

Expiration date _____ / _____ Please call me for this information Phone# _____