

Pregnancy Care Centers of North Willamette Valley
PO Box 129, Molalla, OR 97038 503-829-3163

Monthly or One-time Gift Form

Name: _____ REMAIN ANONYMOUS? Date: _____

Mailing address: _____

Telephone: _____ HOME WORK CELL Email: _____

Check here if this gift is IN HONOR OF (LIVING) or IN MEMORY OF (DECEASED) and include their information in this space:

I want to make a difference in the work of the Pregnancy Care Centers by supporting them with the following gift:

OPTION 1

I choose to give monthly with my debit or credit card in the amount of \$_____.

VISA MASTERCARD Card Number: _____

Expiration date: _____ [MM/YYYY] CVC: _____

Reoccurring Monthly (I prefer it to occur on the 5th or 20th of each month)
 One-Time

OPTION 2

I choose to give by direct withdrawal from my CHECKING SAVINGS bank account in the amount of \$_____. (Attach a voided check or deposit slip to this form when selecting this giving option.)

Reoccurring Monthly (I prefer it to occur on the 5th or 20th of each month)
 One-Time

OPTION 3

I choose to give by CASH CHECK MONEY ORDER

Make sure to include your payment and a copy of this page in the envelope before sealing.

OPTION 4

I choose to give a non-monetary donation

Drop off your gift at any Pregnancy Care Center location. Gifts must be clean, and in working order. Some suggestions for giving are baby clothes & furniture, computer systems & software (no CRT monitors), diapers, formula, office furniture & supplies, paper products, vehicles with a clear title, volunteer appreciation gifts, or other usable items. Your gift will receive a tax deductible receipt at your request.

I understand that the Pregnancy Care Centers will:

...make any requested changes or termination of my giving if provided with reasonable notice.

...not retain any transaction or account information.

...provide a yearly summary of giving for tax purposes.

Signature: _____