

## MY INVOLVEMENT

I will support this ministry in the following ways. (Check all that apply)

**My One Time Gift Tonight:** to meet immediate needs.

- \$10,000    \$5,000    \$2,500    \$1,000  
 \$750    \$500    \$250    Other \$ \_\_\_\_\_



**My Monthly Pledge:** to sustain the ministry throughout the year.

- \$250    \$100    \$75    \$50    Other \$ \_\_\_\_\_

### More Opportunities:

- I am considering another gift, please contact me.  
 I am considering volunteering, please contact me.  
 I will commit to pray for this ministry.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

(All gifts are tax deductible)

Please fill out back of card.

## MY GIFT OPTIONS

**Check/Cash Included**

**Automatic Monthly Giving:** The easiest way to faithfully keep my commitment.

I want to transfer on the  5th or  20th of the month in the amount of \$\_\_\_\_\_.

This authorization is the same as if I had personally signed a check and will remain in effect until I notify the ministry that I wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

- a donation check    voided blank check    credit card    debit card

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit/Debit Card:** MasterCard/Visa/Discover/AmEx

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Sec. Code \_\_\_\_\_

Comments: \_\_\_\_\_

LIFELINE PREGNANCY HELP CLINIC

PO Box 663, Kirksville, MO 63501 • 660-665-5688 • friendsoflifelinephc.org