Care Clinic

Pregnancy Help and Educational Resources for Families

Name:_____ **Email:**_____

Mailing Address: _____**Phone #:** _____**Cell #:** _____

City:_____ **State:** _____ **Zip Code:**_____ **Church:**_____

One Time Gift

My Gift Tonight:

- ☐ $5,000
- ☐ $2,500
- ☐ $1,000
- ☐ $500
- ☐ $250
- ☐ $100
- ☐ Other:$_____
- ☐ I would like to give a gift of $_____ within 90 days

For My Gift Tonight I Will Use:

- ☐ Check/enclosed $_____
- ☐ Visa/MC/Discover: Please fill out Credit Card info below

Monthly Gift

My Monthly Gift Tonight:

- ☐ I would like to give a monthly gift of: $_____

To be paid by:

- ☐ Check: Mailed Monthly

  1st Payment on Pledge November 2020

- ☐ Electronic Funds Transfer /Monthly via checking

  Financial Institution:_____

  Bank Routing #: _____

  Account #: _____

  Transfer Date: ☐ 5th or ☐ 20th of each month

  1st Payment on Pledge November 2020

- ☐ Visa/MC/Discover: Please fill out Credit Card info below

If you have selected Credit Card or Electronic Funds Transfer you **MUST SIGN** below to authorize us to charge your Credit Card or Electronic Funds Transfer

Visa/MC/Discover Information: Name as it appears on card:_____

Card #:_____ **Exp.**_____ **CDC#:**_____ **(3 digit # on back of Card)**

I authorize Pregnancy Services of Marquette Inc., DBA Care Clinic to bill my Credit Card or my Checking Account via EFT as indicated above. Signature:_____ **Date:**_____

All Gifts are Tax-Deductible Care Clinic is a 501 (c)3 non-profit Tax ID# 38-2160326