

DONATION FORM

Contact Information for Donor:

Name (and spouse/family members):

Address, city, state, zip code:

Email(s): _____ Phone Number(s): _____

- Contact me about getting my church _____ more involved.
- Contact me about planned and estate giving.

In Kind Donation:

Describe the Items or Services You Are Donating:

Monetary Donation:

I am donating \$ _____

- Make My Gift a Recurring Monthly Contribution
- Make My Gift In Honor Of _____
- Designate My Gift to _____ (General; Tepeyac OB/GYN; Infant Loss)

Please Circle Payment Method:

Cash, Manual Checks, Bank Checks (call your bank to have them send a one-time or monthly check), Credit Card (Insert Number Below):

Card Number: _____

Expiration Date: _____

Your Signature: _____

Serve



Tepeyac OB/GYN



Infant Gift Baskets



Infant Loss Support

Inspire



Pro-Life Education and Outreach



Medical Education and Outreach



Aslan's Army Church
Education and Outreach

Unify



Local Pro-Life Unification



PWHC Pro Women's Healthcare Centers

