

You can make a One-Time Gift or Join Our Monthly Donor Program

Yes, I would like to make a **one-time contribution** in the amount of:

\$100 \$50 \$25 \$10 Other: \$_____ (\$5 min.)

Yes, I would like to begin making a **monthly contribution** to Care Net helping women choose life for their unborn babies. The monthly amount I would like to pledge is:

\$100 \$50 \$25 \$10 Other: \$_____ (\$5 min.)

The method in which I would like to contribute every month is checked below (please choose one method).

Bank Account Transfer*

SIGNATURE

DATE

**Remember – please send a check for this month's pledge with your enrollment form!*

Credit Card Authorization

Visa

Mastercard

American Express Discover

CARD NUMBER

EXP. DATE

SIGNATURE

DATE

Please send donations to: CareNet Pregnancy Center • 2460 Athens Avenue • Redding, CA 96001

Care Net Finance Department is available to answer all inquires concerning your support for Care Net. We can be reached at (530) 246-7075, for help with program requests about donations.

Messages can also be left via voice mail which is available 24 hours a day, 7 days a week. Please leave your full name, address, and phone number, and a representative will return your call.

Our Finance Department handles general concerns including specific questions regarding all donations in general. Please write or call to change your mailing address or bank account or to increase or discontinue your pledge.

Information about CareNet Pregnancy Center & Medical Clinic is available on the Internet at www.localpregnancyoptions.org

Terms of Agreement

Please complete this portion and retain for your records!

I am authorizing CareNet Pregnancy Center to debit my bank account or charge my credit card account monthly in the amount of the pledge I have indicated.

This agreement will remain in effect until I give Care Net appropriate notice of its termination.

A record of each gift will appear on my bank or credit card statement and will serve as my receipt.

Monthly Pledge Amount: \$ _____ Date: _____

Bank Account Transfer **OR**

Credit Card Charge Visa Mastercard American Express Discover