

1

**MY PERSONAL INFORMATION: please print firmly.** (if using credit/debit please use address of your card.)

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME CHURCH \_\_\_\_\_

2

**WHAT TOUCHED YOU MOST TONIGHT?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3

**MY TOTAL GIFT:**

\$  ,    ,     .00

4

**TONIGHT I'M GIVING:**

(of my total gift-see #3 above)

\$  ,    ,     .00

- check**  
ENCLOSED
- cash**  
ENCLOSED
- credit/debit**  
PLEASE FILL-IN CARD INFO
- stocks**
- bonds**
- mutual funds**

**Visa** credit card number: \_\_\_\_\_ security code: \_\_\_\_\_

**Mastercard** Signature: \_\_\_\_\_ exp. date: \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

5

**AFTER TONIGHT I'M GIVING THE BALANCE (of my total gift—see #3 above):**

**BALANCE REMAINING**

\$  ,    ,     .00

**bank:** STARTING NEXT MONTH, AUTOMATICALLY WITHDRAW 1/12 OF REMAINING BALANCE. (Include a voided check, or we will call for details.)

**credit/debit:**  visa  mastercard

STARTING NEXT MONTH, PLEASE AUTOMATICALLY WITHDRAW 1/12 OF REMAINING BALANCE

USE CREDIT CARD INFORMATION FROM #4 ABOVE. IF USING A DIFFERENT CARD, PLEASE PROVIDE THE NEW CARD INFO BELOW.

card number: \_\_\_\_\_

signature: \_\_\_\_\_

security code: \_\_\_\_\_ exp. date: \_\_\_\_\_

address: \_\_\_\_\_

city/state/ZIP: \_\_\_\_\_

**mail:** I'LL MAIL MY PLEDGE TO THE CENTER

- \_\_\_\_\_ MONTHLY
- \_\_\_\_\_ QUARTERLY
- \_\_\_\_\_ ONCE ANNUALLY



847 South Main St., Salisbury, NC 28144 - 704.633.7695

The IRS requires documentation for all tax-deductible donations; you received no goods or services in exchange for your gift. The Pregnancy Support Center's non-profit identification is 56-1883403. Save this document for your records. Thank You!