

CHRIST & LIFE

LIVE VIRTUAL FUNDRAISING BENEFIT 2021

Virtual Benefit Response Card

Yes, I want to save lives today!

MY GIFT IS:

- \$100,000 \$50,000 \$25,000 \$10,000
 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other: \$ _____
OR \$600 (one baby) \$1,200 (two babies) \$1,800 (three babies) \$2,400 (four babies)

LEADERSHIP GIFTS: DOUBLED! \$30,000 \$20,000 \$10,000 \$5,000

MY PLEDGE IS:

\$ _____ .00 Monthly Quarterly One-Time

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Church _____

FOR MY GIFT TODAY, I WILL GIVE VIA:

- Check (enclosed, payable to: Avenues Pregnancy Clinic).
 Credit/Debit card (please fill in card info below).

FOR MY PLEDGE, I WILL GIVE VIA:

- Checking account (by enclosing a voided check, The Crisis Pregnancy Clinic will set up automatic withdrawals).
 Credit/Debit card (please fill in card info below).
 I will fulfill my pledge within 30 days.

Please print clearly.

Name (as listed on card or account) _____

Card Number _____

Expiration Date _____ Security Code _____

Signature _____