

Birthchoice

Providing realistic alternatives to women who are considering abortion.

Enclosed is my/our gift to help Birthchoice continue its important work.

\$1,000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ Other \$ ___

I would like to make a one time donation of \$ _____.

I would like to be a monthly donor. \$ _____ is my first sustaining contribution.

I would like to receive the Birthchoice Newsletter by email.

Email address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church/Parish: _____

My check is enclosed payable to Birthchoice.

Charge my ___ Visa ___ Mastercard

Card No.: _____ Exp Date: ___/___

Signature: _____

I would like to donate \$ _____ memorial Honorarium in honor of

Name: _____