

# 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: \_\_\_\_\_