

Bakersfield Pregnancy Center
1801 18th St Bakersfield, CA 93301
PO Box 1430 Bakersfield, CA 93302

MY PART OF THE STORY:

I will support this ministry in the following ways. (Check all that apply)

My One Time Gift Tonight: to meet immediate needs.

- | | | | |
|-----------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$750 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 | <input type="checkbox"/> Other \$_____ |

My Monthly Pledge: to sustain the ministry thought the next 12 months.

- | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> Other \$_____ | | | |

More opportunities:

I am considering another gift, please contact me.

I am considering volunteering, please contact me.

I will commit to pray for this ministry.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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MY GIFT OPTIONS:

Check included

Automatic Monthly Giving: The easiest way to faithfully keep my commitment.

I want to transfer on the 15th or 30th of the month in the amount of \$_____.

This authorization is the same as if I had personally signed a check and will remain in effect until I notify the ministry that wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

A donation check Voided blank check Credit card Debit card

Signature _____ Date _____

Credit/Debit Card: MasterCard/Visa/Discover/AmEx

Credit Card # _____ Exp. Date ____/____

Signature _____

BAKERSFIELD PREGNANCY CENTER
PO BOX 1430 Bakersfield, CA 93303
(661) 326-1915