

CareNet Pregnancy Center

Name(s): _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Church: _____

All Gifts to CareNet Pregnancy Center are Tax-Deductible

Care Net Pregnancy Center of Manchester & Nashua

110 Main Street

Nashua, NH 03060

www.thefriendsoflife.org

My Gift:

\$5,000 \$1,000 \$500 \$250 \$100 Other: \$_____

For my single gift I will use my:

- Checking Account
- I have enclosed my check made payable to **CareNet Pregnancy Center**.
- I will mail my check within 90 days.
- Credit/Debit Card (*Please fill in card information below.*)

My Monthly Investment in CareNet

- I would like to make a monthly gift of \$_____ per month by check.
- I would like to give a monthly gift of \$_____ per month electronically using my credit or debit card.

Please circle type of card you will be using:

VISA

MasterCard

Discover

Card #: _____ Exp. Date (MM/YYYY): _____ CVV: _____

Name on card: _____

Signature: _____

Monthly authorization: Please transfer my monthly gift from the selected account above on the 5th of each month until further notice from me. I understand this agreement is the same as signing a check each month and I may change it at any time by contacting CareNet.

