



## Donate by Mail

Mail this form along with your check, credit card or debit card information.

**One Time Gift**

**Monthly Gift** (please check one)

Donation Amount \$ \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile or  Landline

Birthday Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, I would like to receive email from Choices Pregnancy Centers.

### Payment Information:

My check is enclosed. (Please make checks payable to **Choices Pregnancy Centers**)

My credit card/debit information is below:

American Express  Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please mail this form and your gift to:

Choices Pregnancy Centers  
Attn: Office of the President  
10555 N. 58th Drive  
Glendale, AZ 85302