

Center for Pregnancy Concerns
2022 Guardians' Gala Fundraising Dinner
Commitment Form

Name(s): _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____ **Subscribe to
CPC Newsletter.**

Unrestricted Gift Options:

\$10,000 \$5,000 \$2,250 \$1,000

Other: \$ _____

Note: _____

I/We will pay in 12 monthly installments. I/We wish to remain Anonymous.

This gift is in HONOR/MEMORY (circle one) of: _____.

I/We already give monthly. Increase my monthly donation to: \$ _____.

I/We would like to donate stock, please contact me at: _____.

I/We would like to give a match donation of: \$ _____.

Name on

Card: _____ Exp. _____ CVV: _____

Card #: _____
(Visa, MC, Amex, Discover)

Signature: _____

Please pray for this request: _____

Make checks payable to Center for Pregnancy Concerns

Tax ID: 52-1192219