

Center for Pregnancy Concerns

Donation Form

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Unrestricted Gift Options:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250

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Note: _____

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

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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: \$ _____.

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Card: _____ Exp. _____ CVV: _____

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(Visa, MC, Amex, Discover)

Signature _____

Please pray for this request: _____

Make checks payable to Center for Pregnancy Concerns

Mail to: 328 N. Howard Street, Baltimore, MD 21201

To make a gift using ACH, please visit cpcfforhelp.org/donate

Tax ID: 52-1192219