

Center for Pregnancy Concerns
Donation Form

Name(s): _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____ ☐ Subscribe to
CPC Newsletter.

Unrestricted Gift Options:

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

☐ 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**

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

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

Tax ID: 52-1192219