

Office Use Only:

Table _____ New Renewal

Southern Ohio Pregnancy Center Annual Fundraising Banquet, 2020

What touched you most tonight? _____

Name(s) _____

Mailing Address _____

City/ST/Zip _____

Phone Number _____ Church _____

Email _____

Would you like to receive the Center's quarterly newsletter, *Baby's Breath*? Yes

All gifts to the Southern Ohio Pregnancy Center are tax-deductible.

Southern Ohio Pregnancy Center ♦ 135 W. Walnut ♦ Hillsboro, OH 45133 ♦ 937.393.2990
www.sopcwecare.com ♦ www.pregnantnotpregnant.com

My Gift Options

My One Time Gift Tonight: *to meet immediate needs*

\$1,000 500 \$300 \$250 \$150 Other \$ _____

Check included Cash included credit/debit card (information below)

My Monthly Pledge: *to sustain the ministry throughout the year*

\$200 per month (\$2,400 year total) \$50 per month (\$600 year total)
 \$100 per month (\$1,200 year total) \$25 per month (\$300 year total)
 \$75 per month (\$900 year total) Other \$ _____

Current Monthly Donors/Egivers

I would like to continue with my monthly gift as it currently stands (*same amount and date*).

I would like to increase my monthly gift to \$ _____.

I would like to make a one-time gift of \$ _____ to be given within 90 days (*June 25, 2020*).

Automatic Monthly Giving: The easiest way to faithfully keep my commitment. Please transfer my gift on the 5th or the 20th in the amount of \$ _____. This authorization is the same as if I had personally signed a check and will remain in effect until I notify the SOPC if I wish to change or terminate the transfer. I have provided the necessary information to begin the transfer program.

Donation Check Voided Check Credit/Debit Card

Signature _____ Date _____

Credit/Debit Card Information (circle card)



Credit card # _____ Exp. Date ____/____/____ Sec code _____

Name as it appears on the card _____