

Yes, I/we wish to support Pregnancy Crisis Center of Wichita, Inc. in its ministry to provide help and resources to people making decisions about pregnancy, parenting, and relationships.

- Enclosed is a check for \$_____ payable to Pregnancy Crisis Center.
- Please charge my Visa Master Card in the amount of \$_____.

Please return this form and any contributions to:

Card # _____ Exp. Date _____ Authorized card holder signature _____

_____ Card verification code [3 digit security code on back of card]

I/we understand this contribution is tax deductible.

- I/we want to place Pregnancy Crisis Center's educational materials with a group, organization or office.
- I/we want to learn more about volunteer opportunities.

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cell _____

Email address _____



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