

Beltway 8 South Crisis Pregnancy Center

"Provides support services for women experiencing unplanned pregnancies."

Your Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Thank you for supporting the ministry

Beltway 8 South Crisis Pregnancy Center is a 501(c)(3) corporation.

Tax-deductible receipts are issued for all gifts once a year in January

Please Indicate TYPE of CONTRIBUTION

___ Monthly ___ One Time ___ Other: _____ \$ _____

CHECK, CASH or CHARGE DONATIONS

Please print, complete form, and mail with your donation.

Mail to: Beltway 8 South Crisis Pregnancy Center

10851 Scarsdale Blvd. Suite 800

Houston, TX 77089

CHARGE DONATIONS

To Use PayPal, Please return to the Donation Screen and Click "PayPal"

For Your Convenience, You can Fill in Your Account Information

Type of Account: () Visa () MasterCard () American Express

Card Number

Expiration Date

Printed Name

Cardholder's Signature: (This is required to validate your credit card payment)

HONORARIUM or MEMORIAL GIFT

A **memorial** donation is being made in the amount of \$ _____

The gift is **honor** of: _____

Printed Name

The relationship is _____

(friend, mother, etc)

The person to be notified of your gift:

Name: _____

Address: _____

City, State, Zip: _____