

Birthline, Inc.
GIFT OF LIFE DONATION FORM

Enclosed is my gift of:

\$25 \$50 \$100 \$250 \$500 Other Amount \$_____

Check enclosed. *Please make check payable to Birthline, Inc.*

Credit Card Payment

If you prefer, you may have monthly withdrawals from your debit/credit card.

Yes! I would like give \$_____ as a monthly pledge to Birthline.

Please debit my credit card on the 1st 15th Other Date_____

Your Name:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Credit Card type: Visa Discover Master Card

Name on Card:_____

Card Number: _____Expiration Date _____

Phone Number: () _____

Please send an acknowledgement for this gift.

Signature:_____

This gift is anonymous.

Please send a donation receipt.

Please send an acknowledgement for this gift.

Given in Honor/Memory of person(s) or occasion(s)

(please print)

Name of Recipient:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Please print and complete this form and phone or fax your pledge to Birthline.
Donations to Birthline are tax deductible. Your support is deeply appreciated.

BIRTHLINE, INC.
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