



***YES! Here is my most generous gift to help end abortion***

**STEP 1** - Donation amount (check one)

- |                                   |                                  |                                       |                                  |
|-----------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500      | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$500    | <input type="checkbox"/> \$250   | <input type="checkbox"/> \$100        | <input type="checkbox"/> \$50    |
| <input type="checkbox"/> \$40     | <input type="checkbox"/> \$25    | <input type="checkbox"/> Other: _____ |                                  |

**STEP 2** - Giving frequency (check one)

- One-Time     Monthly

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have enclosed my check made out to 40 Days for Life

Please charge my credit card for this one-time gift:

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ CVC (3-digit code) \_\_\_\_\_

Signature: \_\_\_\_\_

Visa     MasterCard     Discover     American Express

*Please mail this form and your donation to:*

*40 Days for Life  
4112 East 29<sup>th</sup> Street  
Bryan, TX 77802*