CareNet Pregnancy Center

Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Church: _____

All Gifts to CareNet Pregnancy Center are Tax-Deductible

Care Net Pregnancy Center of Manchester & Nashua
110 Main Street
Nashua, NH 03060

www.thefriendsoflife.org

My Gift:

☐$5,000 ☐$1,000 ☐$500 ☐$250 ☐$100 ☐Other: $_____

For my single gift I will use my:

☐ Checking Account
- ☐ I have enclosed my check made payable to **CareNet Pregnancy Center**.
- ☐ I will mail my check within 90 days.

☐ Credit/Debit Card *(Please fill in card information below.)*

My Monthly Investment in CareNet

☐ I would like to make a monthly gift of $_____ per month by check.

☐ I would like to give a monthly gift of $_____ per month electronically using my credit or debit card.

Please circle type of card you will be using:

VISA MasterCard Discover

Card #: _____ Exp. Date (MM/YYYY): _____ CVV: _____

Name on card: _____

Signature: _____

Monthly authorization: Please transfer my monthly gift from the selected account above on the 5th of each month until further notice from me. I understand this agreement is the same as signing a check each month and I may change it at any time by contacting CareNet.