

FUNDRAISING BANQUET 2021

Name (s) _____

Mailing Address _____

City, State, Zip _____ Church Home _____

Phone Number (s) _____

E-Mail (s) _____

What touched you most this evening? _____

 *ABC Pregnancy Care Center is a 501 (c)(3) corporation. All gifts are tax deductible.* 

MY INVESTMENT TONIGHT

My gift tonight: \$10,000 \$5,000 \$1,000 \$500 \$250 \$100 Other: \$ _____

For this gift I will pay with: Cash Check Debit/ Credit Card (See QR Code/ Link below)

I would like to Sponsor a Day for \$450. \$450 x (_____ how many days?) = \$ _____ total amount

Date (s) to Sponsor: _____

For this gift I will pay with: Cash Check Debit/ Credit Card (See QR Code/ Link below)

I would like to commit to giving \$ _____ within 90 days and I would welcome a reminder!

MY MONTHLY INVESTMENT

I would like to make a gift of \$ _____ per month to invest with ABC Pregnancy by ACH using my bank account.

I would like to schedule my payment to be made on this day: 5th 10th 15th 20th

I will set up automatic monthly giving with: "My Investment Tonight" Donation Check A Voided Blank Check

I would like to make a gift of \$ _____ per month to invest with ABC Pregnancy by using my Debit/ Credit card.
(See QR Code/ Link below)

I am currently invested in ABC Pregnancy Care Center but wish to change my monthly gift to \$ _____.

I would like to Sponsor a Day and pay for it over a twelve month period which comes to \$38 a month.

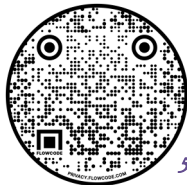
\$38/month x (___ how many days?) = \$ _____ Date (s) to Sponsor: _____

I will set up automatic monthly giving with: My Donated Check A Voided Blank Check Debit/ Credit Card

This authorization will remain in effect until I notify the ministry that I wish to change or terminate it.

Signature _____ Date _____

CARD
INFORMATION!



bit.ly/abcrooted



509 N. 6th St. * Garden City, KS 67846 * www.abcpc.org



WAYS TO GET
INVOLVED!

bit.ly/partnerwithabc