

MY GIFT TO APRC...



Enclosed is my gift of: () _____ () \$10,000 () \$5,000 () \$2,500 () \$1,000 () \$500 () \$250 () \$100 () Other _____

I want to give my gift toward the \$30,000 down payment of owning the facility.

I will commit to \$100 per month to the APRC to partner to save lives.

I want to make a monthly pledge (Circle of Friends) of \$_____. Enclosed is my first gift. _____

I want to commit to a gift of \$_____ in 90 days.

I want to join the Leadership Council and make a 3 year \$1000 commitment to the APRC.

I am considering a gift other than those above. Please contact me.

I would like to host a gathering to present APRC to others who share our vision.

____ Donation by Credit Card

Name on Credit Card _____ Amex/Visa/MC # _____

Expiration Date: _____ Security Code (3 digits) _____

Name: _____

Signature: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____ FAX: _____

My home Church is: _____

Email Address: _____

Please make checks payable to the: **Austin Pregnancy Resource Center**. Contributions are tax deductible.

APRC ~ P.O. Box 202882 ~ Austin, TX 78720

Jan09

Phone (512)476-7774 ~ Fax (512)476-7717 ~ Email: info@austinprc.org ~ Website: www.austinprc.org

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A view in the life of the expenses of the Austin Pregnancy Resource Center

Qty: ____ x \$15,000 Total: _____ Provides one month's total expenses

Qty: ____ x \$5,500 Total: _____ Provides 1 month's rent and maintenance

Qty: ____ x \$1,000 Total: _____ Provides advertising and sonogram maintenance

Qty: ____ x \$500 Total: _____ Provides insurance coverage for 1 month

Qty: ____ x \$250 Total: _____ Provides medical supplies for clients

Qty: ____ x \$ ____ Total: _____ Other

Total: _____



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