

# Pregnancy Help Center and Safe Haven Maternity Home

Please Print and complete form and forward to:

Pregnancy Help Center & Safe Haven  
 327 Garland Dr.  
 Lake Jackson, TX 77566

<p><b>One Time Donation Amount</b></p> <p>\$ _____</p>	<p><input type="checkbox"/> <b>Use my gift where the need is greatest.</b></p>	<p style="text-align: center;"><u>        </u> <b>In memory of:</b></p> <p>Name: _____</p> <p>Forward acknowledgement to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p>	<p style="text-align: center;"><u>        </u> <b>Designate my gift toward:</b></p> <p><input type="checkbox"/> Pregnancy Help Center</p> <p><input type="checkbox"/> Safe Haven</p> <p><input type="checkbox"/> Other _____</p>
<p><b>Recurring Monthly Gift Direct Debit</b></p>	<p>I (we) hereby authorize The Pregnancy Help Center &amp; Safe Haven MH, hereinafter call the PHC, to debit entries to my (our) account indicated below at the Financial Institution named below. I (we) acknowledge that origination of ACH (automatic clearing house) transactions to my (our) account must comply with the provision of the U.S. law.</p>		<p>Routing Number: _____</p> <p>Account Number: _____</p> <p>Monthly Debit Amount \$ _____</p>
<p>Bank</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State _____ Zip _____</p>		<p>This Authority is to remain in full force &amp; effect until PHC has received written notification from me (or either of us) of its termination in such time &amp; manner as to afford PHC &amp; FINANCIAL INSTITUTION a reasonable opportunity to act on it.</p>	
<p>_____ Signature</p>		<p>_____ Print Name      Date</p>	
			