



DIRECT DONATION PLAN

Supports the ministries of Crisis Pregnancy Center of Coastal Georgia, Inc.

We are pleased to offer the Direct Donation Plan. You can have your donation made automatically from your checking or savings account.

The Direct Donation Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet commitment in a convenient and timely manner – if you're on vacation or out of town.
- No forgotten or missed donations.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No mess, no fuss and no hassle!

Here's how the Direct Donation Plan works: You authorize donations to be made from your checking or savings account. Then, just sit back and relax. Your donation will be made automatically on your specified day. Proof of donation will appear on your statement plus a written response from the center. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. You can change the amount of your donation by notifying us.

The Direct Donation Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form and return it to us.

AUTHORIZATION FOR DIRECT DONATION PLAN

I authorize Crisis Pregnancy Center of Coastal Georgia, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution before my account is charged. Please print the following:

NAME OF YOUR FINANCIAL INSTITUTION _____ SPECIFIC BRANCH _____

CITY, STATE and ZIP CODE _____

SIGNATURE _____ DATE _____

YOUR NAME — PLEASE PRINT _____

YOUR ADDRESS, CITY, STATE and ZIP CODE — PLEASE PRINT _____

YOUR HOME PHONE NUMBER _____ YOUR WORK PHONE NUMBER _____

I authorize \$ _____ donation amount on this beginning date ____/____/____ at the following frequency:

WEEKLY MONTHLY QUARTERLY ANNUALLY ONE TIME OTHER _____

Account No. _____ Checking Account Savings Account

Financial Institution Routing Number: _____

(between these symbols **///** on the bottom left of your check)

Mail or fax completed authorization to: Care Net Pregnancy Center, 3548 Community Road, Brunswick, GA 31520
(912) 2671537 fax line For any questions call 912-267-1100.

THANK YOU FOR PARTICIPATING IN THE DIRECT DONATION PLAN. YOUR SUPPORT IS APPRECIATED!