



P.O. Box 11116  
Lansing, MI, 48906  
(517) 484-1882  
sharedpregnancy.org

Donation Form

\_\_\_\_\_ I have enclosed a one-time donation of \$\_\_\_\_\_ by check, made payable to Shared Pregnancy.

\_\_\_\_\_ I would like my one-time donation of \$\_\_\_\_\_ to be charged to my credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ I want to be a monthly donor.

\_\_\_\_\_ I will send in a monthly check for \$\_\_\_\_\_.

\_\_\_\_\_ I would like my credit card charged monthly for \$\_\_\_\_\_

starting \_\_\_\_\_ and ending \_\_\_\_\_  
Date Date

(Fill out the credit card information above).

My donation is given in: Honor \_\_\_\_\_ Memorial \_\_\_\_\_  
of \_\_\_\_\_

Please send a card of recognition to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shared Pregnancy is a 501(c)3 nonprofit organization and all donations are tax deductible!