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sharedpregnancy.org

# Donation Form

1

## Donation Type

One-time donation       Monthly Donation

2

## Donation Amount

\$10       \$25       \$50       \$100       \$ \_\_\_\_\_

3

## Payment Method

Check enclosed

OR

Charge on my credit card

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

4

## Donor Contact Info

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Ph# \_\_\_\_\_ Email \_\_\_\_\_

*Thank you for donating to Shared Pregnancy!*