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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!