Tender Care
Pregnancy Consultation Services

2020 Fall Virtual Banquet | Donor Pledge Card

My One Time Gift:

___$10,000 ___$5000 __$2500 ___$500 ___$365 ___ $250 ___$150 Other $_____

My Monthly Pledge:

___$250 __$100 __$50 ___$25 ___$12.50 Other $_____

Name_____

Address_____ City _____

State_____ Zip_____

Phone_____

Emal_____

My gift is: _____Check enclosed _____ Cash enclosed _____Credit/Debit Card

(Mastercard/Visa/Discover)

Credit card#:_____ Exp. Date:_____

Signature:_____

All Gifts are Tax Deductible.
Please fill out and return to 300 John Street, Hanover, PA 17331
Contact 717-633-9685 with any questions

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