



501 (C) (3) • www.BirthChoiceResource.com

Authorization Agreement for Preauthorization Payments

I hereby authorize Birth Choice Pregnancy Resource Center (Birth Choice) to instruct my financial Institution to make payments at the amount and frequency as indicated below. The authority remains in effect until Birth Choice has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Birth Choice has sent me written termination of this agreement.

You can count on me to HELP Birth Choice Change Hearts and Save Lives with a monthly pledge of:

\$100 \$75 \$50 \$25 \$10 OTHER: _____

To be deducted on the: 5th of the month 20th of the month

Name _____

Address _____

City/State/Zip _____

Email _____

Phone Number: _____

Charge my credit card for my pledge:

Card number _____

Visa MasterCard Discover AMEX Exp.Date _____ Sec. Code _____

Signature _____

Deduction from CHECKING ACCOUNT

REQUIRED FINANCIAL INSTITUTION INFORMATION

Please attach a voided check.

Name of Banking Institution _____

Routing number of Banking Institution _____

Checking Account Number _____

Signature _____

Please Mail To: Birth Choice Pregnancy Resource Center • P.O. Box 208, Clarkston, MI, 48347 or
Fax to: 248-922-9096 If you have any questions please contact Birth Choice at 248-620-5353.