



2021 Annual Gala

What touched you most tonight? _____

Name(s) _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Church _____

Email _____

All Gifts are Tax-Deductible
SCV Pregnancy Center
25174 Rye Canyon Road
Santa Clarita, CA 91355

My Gift Tonight

My gift tonight is: \$10,000 \$5,000 \$1,000 \$500 \$250 \$100 Other \$ _____

For my one-time gift I will use my:

- Checking Account (I have enclosed my check)
- Credit/Debit Card (See card information below)

I would like to make a one-time gift of \$ _____ given within 90 days. (by June, 2021)

My Monthly Investment

I would like to make a monthly gift of \$ _____ /month

I would like to give my monthly gift electronically. I will use my:

- Checking account (You may use tonight's donation check or an enclosed voided check)
- Credit/Debit Card (Visa and Mastercard accepted)

Card # _____ Expiration Date (MM/YYYY) _____

Signature _____

Monthly authorization: Please transfer my monthly gift from the selected account above on the

5th or 20th of each month until further notice from me. I understand this agreement is the same as signing a check each month and I may change it at any time by contacting SCV Pregnancy Center.

- I am considering a gift other than those suggested. Please contact me.
- My Employer Matches my Non-Profit Donations. Please contact me.
- Also, I would like to know more about being a Host at the 2022 Banquet.