

Membership in the Life Sponsors Circle

I want to build lives at Care Net by joining the Life Sponsors Circle and becoming a Full-Day Sponsor.

Single payment options:

- I am enclosing a check for \$1,715 made payable to Care Net Pregnancy Center of Dane County.
- Please charge my credit card (see below) for the full amount of \$1715.
- Please send me a reminder for the full amount of \$1,715.

Monthly payment options:

- I prefer to make monthly payments of \$143; please mail monthly statements.
- Please charge my credit card (see below) \$143 monthly for twelve months.
- I'm enclosing the Electronic Funds Transfer form.

Alternative option:

- I will make arrangements at www.carenetdane.org/friends/donate_day.html

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

If donating by credit card ... (Visa or Mastercard only) Card # _____

_____ Exp. date ____/____/____

Name on card (please print) _____ Authorized Signature _____

(Optional)

Date I wish to sponsor: _____ (month), _____ (day), 2010 / 2011

Dedication: [sample: "We dedicate this day to the glory of God, remembering His many kindnesses to us over our 22 years of marriage. - Bob & LuAnn Smith"]

I understand my dedication will be read during the morning prayers and may be posted on the website at www.carenetdane.org/friends.

I want to be a Half-Day Sponsor.

Single payment options:

- I am enclosing a check for \$766 made payable to Care Net Pregnancy Center of Dane County.
- Please charge my credit card (see above) for the full amount of \$858.
- Please send me a reminder for the full amount of \$858.

Monthly payment options:

- I prefer to make monthly payments of \$71.50; please mail monthly statements.
- Please charge my credit card (see above) \$71.50 monthly for twelve months.
- I'm enclosing the Electronic Funds Transfer form.

Alternative option:

- I will make arrangements at www.carenetdane.org/friends/donate_day.html

I wish to make another gift as follows: _____.

Please make checks payable to and mail to:
Care Net Pregnancy Center of Dane County
1350 MacArthur Road
Madison, WI 53714-1018

Questions: Call 608-259-1606 or email donate@carenetdane.org