

Help  
Hope  
Healing



Pregnancy Center of Dane County



You can now make regular donations to Care Net Pregnancy Center of Dane County (which includes The Elizabeth House, Medical and Counseling Clinic, LifeWise and Whole Heart) by having funds automatically transferred from your bank account on a monthly basis. This convenient process will save you time, checks and postage, as well as lower our processing costs.

To start the Electronic Funds Transfer follow these simple steps:

1. Complete the Authorization Form below
2. Sign the Authorization Form
3. Mail the completed form (and your voided check, if using a checking account) to:  
Care Net Pregnancy Center  
1350 MacArthur Road  
Madison, WI 53714

**For more information please contact:**

**Care Net Pregnancy Center**

**Business:** 608-259-1606

**Fax:** 608-258-9507

**e-mail:** [eft@carenetdane.org](mailto:eft@carenetdane.org)

**Web:** [www.carenetdane.org/friends](http://www.carenetdane.org/friends)

---

**Electronic Funds Transfer Authorization Form – Day Sponsors**

I hereby authorize Care Net Pregnancy Center of Dane County to transfer the amount below from my account each month.

\$128     \$64     Other \$\_\_\_\_\_ (amount)

This authorization will be the same as if I had personally signed a check and will remain in effect until I notify the Center that I wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

a donation check    or     voided blank check

I want to transfer on the  3<sup>rd</sup> or  18<sup>th</sup> of the month.

Month of first Withdrawal: \_\_\_\_\_ 200\_\_ (allow approximately 2 weeks for processing)

Please send tax-deductible receipts  Annually     Semi-annually     Quarterly     Monthly

\_\_\_\_\_  
Signature (Required)

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

email (optional): \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_