

ArborVitae 

*gift form*

*yes!*

I would like to support the life-saving work of

**ARBORVITAE WOMEN'S CENTER**

Ann Arbor's first pregnancy help medical clinic

Name: \_\_\_\_\_

Address  
(billing address, if  
paying by credit card: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (       ) \_\_\_\_\_ Email: \_\_\_\_\_

*gift amount:*  
\$ \_\_\_\_\_

- I would like to pay by check. Please mail me a reminder.  
 I have enclosed a check made payable to "ArborVitae."  
 I would like to pay by credit card:

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Credit Card Number: _____
Expiration Date: _____ / _____ (month/year)
Gift Amount: \$ _____
Please charge my card: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Cardholder Signature: _____ Date _____

**ARBORVITAE WOMEN'S CENTER — PREGNANCY HELP CENTER**

P.O. BOX 7727 - ANN ARBOR, MI 48107  
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*Your gift to Arbor Vitae is tax-deductible.*