



Thank you for your LIFE SAVING Investment!

Monthly Partnership

- A gift of \$3.22 per day (**\$100.00 per month**) helps save 1 baby per month!
- A gift of \$1.61 per day (**\$50 per month**) brings the gospel to 50 women.
- Please use my special **monthly** gift of _____ to save as many babies and moms as you can.

Special Project Legacy Gift

- A gift of \$12,100 will allow us to launch a telemedicine program to reach more women.
- A gift of \$8300 covers medical supplies for a year.
- A gift of \$2900 provides enough online advertising to reach 500 women.

My Single Special Project Legacy Gift will be \$ _____

For my donation I will:

- Pay by the credit card listed below.
- TEXT** my donation by texting the word **GIVE** to **401-205-8282**
- Make an online credit card or paypal payment at ***www.harmonyfriends.org/donate***.
- Mail a check. (Envelopes will be provided for monthly pledges)
- Automate my monthly giving with the enclosed voided check.

My gift will be matched by _____ form enclosed form will be forwarded

Donor Information *(please print clearly)*

Name: _____ Table # _____
Address: _____
City, State, Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Church: _____

Credit or Debit Card information

Card type: Mastercard Visa Discover Exp. Date _____
Card number: _____
Authorized signature: _____

Thank you for your tax deductible gift to Harmony Women's Care. Your support saves lives!

845 North Main Street, Suite 3 • Providence, RI 02904 • www.harmonyfriends.org • 401-270-2928