



Pledge Information:

- I (we) pledge: \$50 to keep the lights on for a month \$100 to keep phone & internet for a month
 \$150 to keep us insured \$250 to provide 10 counseling sessions
 \$500 operating costs for a month \$1200 to pay our rent for a month
 \$2500 Other amount \$ _____

I (we) plan to make this contribution in the form of: Cash Check Visa MasterCard

One time donation or Continuing donation on the 5th of each month

Please use the following names in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Credit Card Information:

Name on Card: _____ Email: _____

Billing Address: _____

Credit Card Number: _____ Exp Date: _____ CVC Code: _____

Phone Number: _____ Signature: _____ Date: _____

Please make checks payable to: Gender Health Center, 2020 29th St, Ste 201, Sacramento, Ca 95817



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