

ABORTION DIALOGUE ACADEMY

Phillip's Team Pledge Card

Phillip's Team: I would like to join Phillip's Team
Team Member \$1,000 per year for 4 years- (Changes 16 minds - 4 minds each year)
Team Leader \$5,000 per year for 4 years- (Changes 80 minds - a high school class each year)
Team Founder \$10,000 per year for 4 years- (Changes 160 minds - a college class each year)
\square I would like to pay my pledge annually \square I would like to pay my pledge monthly
PAYMENT OPTIONS: Please select one of the following payment options
Check: My check is enclosed made payable to the "Abortion Dialogue Academy."
Card: Please charge my credit/debit card
\square Visa \square Master Card \square American Express
Cardholder's Name:
Card Number:
Expiration Date:
Security Code:
ACH: Please include a voided check with this form
DONOR INFORMATION Donor Name (First Name and Last Name):
Address:
City: State: Zip Code:
Email: Phone:
The Abortion Dialogue Academy is a 501(c)3 Non-Profit Corporation. Donations are tax-deductible as applicable by law.
Please mail this completed form to: Abortion Dialogue Academy Po Box 24143 Omaha NE 68124

Thank you!