



ABORTION DIALOGUE ACADEMY

Donation / Contact Preferences Form

Last Name: _____ First Name: _____

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Please make checks payable to Abortion Dialogue Academy

Mail to: PO Box 24143, Omaha NE 68124

Donation Amount: _____

Frequency — One-Time / Monthly / Quarterly / Yearly

For ACH debits, please attach a voided check and enter the amount you would like donated above.

Preferred transaction date (default is 1st of each month) _____

I authorize ADA to debit my account for the amount and frequency as indicated above.

Signature _____

Newsletter Preferences: (Check boxes below)

Please sign me up for ADA's monthly email newsletter

Please sign me up for ADA's quarterly mail newsletter

THANK YOU!

Visit "www.abortiondialogueacademy.org/Donate" to make an online donation.

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