



ABORTION DIALOGUE ACADEMY

Mail Donation Form

Last Name: _____ First Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: () - _____ - _____

Mail Donations to: **PO Box 24143, Omaha NE 68124**

Monthly Sponsors:

For ACH monthly donations, please attach a voided check and indicate below the amount you would like to donate.

- Yes! I want to sponsor a volunteer - \$40 month
- Yes! I want to sponsor a volunteers supplies - \$20 month
- Yes! I want to sponsor ADA's literature - \$6.25 month
- Yes! I want to be a monthly sponsor - \$_____ month

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

I authorize ADA to debit my account for the amount and frequency indicated above. I can cancel my monthly donation at any time by emailing Katherine Burow at

Katherine.Burow@abortiondialogueacademy.org

Signature _____

One-Time Gift: Please make checks payable to "Abortion Dialogue Academy."

- I want to make a one-time donation to ADA — \$_____

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

The Abortion Dialogue Academy is a 501(c)3 Non-Profit Corporation. Donations are tax-deductible as applicable by law.