



ABORTION DIALOGUE ACADEMY

Mail-In Donation Form

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

ADDRESS INFORMATION

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

PAYMENT OPTIONS

One Time Gift Amount: _____

- I'm enclosing my check made payable to the "Abortion Dialogue Academy."
- Please charge my credit/debit card
 - Visa Master Card American Express

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

OR Give Monthly!

Your monthly gift will change hearts and minds!

- YES! Please bill my credit/debit card in the amount of \$_____ per month
- YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I have attached a voided check from the account I would like to use

You may cancel or change this amount at any time by emailing katherine.burow@abortiondialogueacademy.org

I WANT TO SUPPORT

Please designate your gift to one of the following:

- Where Needed Most
- Youth Presentation Program
- College Program
- Other (Please specify): _____

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!