

GIFT DONATION FORM

Pregnancy Center & Clinic of the Low Country
1 Cardinal Road Suites 1 & 2
Hilton Head Island, SC 29926
Phone: 843-689-2222
Fax: 843-689-5267

Mail or fax to the above address to make a donation to PCCLC

Name (Title, First, Last) _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

<p>Gift Amount: _____</p> <ul style="list-style-type: none"><input type="radio"/> Cash<input type="radio"/> Checks (Made payable to Pregnancy Center & Clinic of the Low Country)<input type="radio"/> Credit Card <p>Card Type: American Express Discover Master Card Visa</p> <p>Card Number: _____ Exp Date: _____</p> <p>Cardholders Name: _____</p> <p>Signature: _____</p>
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Is this gift in honor or memory of someone?

Honoree's Name: _____

Would you like us to notify someone of your gift? Yes ___ NO ___

Person to be Notified: _____

Address: _____

City/State/Zip: _____

Note for the Letter: _____

