We are a pregnancy care medical center that exists to educate and empower individuals and their families to make healthy life choices.

Please prayerfully consider a financial donation that will change the lives of the unborn and families in our community.

www.ccwsmedicalinfo.org Join our email list: ☐ YES! Count on me to help save babies and families in our community! Name ______ Phone _____ Street ____ City/State/Zip____ I have enclosed a **one time** gift of: \square \$50 \square \$100 \square \$250 \square \$500 \square \$5000 \square \$______ I pledge to give a monthly gift of: □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ \$1000 □ \$_____ Tax deductible to the fullest extent of the law Please use my charge card for the above gift or pledge: ☐ MasterCard ☐ Visa Discover EXPIRES (Month/Year)

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Chester County Women's Services
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