Crisis Pregnancy Center of Gaston County

700 Robinson Rd, Gastonia, NC 28056 | 704-868-5854

Giving Form

One-time or monthly gifts

1 Your information

Full name _____

Street address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Email** _____

☐ Yes, email me the Partners newsletter

2 Your gift

Gift type: ○ One-time gift ○ Monthly gift **Amount $** _____

Monthly gifts only: ○ Starting a new monthly gift ○ Updating my bank info

Monthly gifts are drafted on the 10th, starting the 10th of the month after we receive this form, and continue until you contact us to change or cancel.

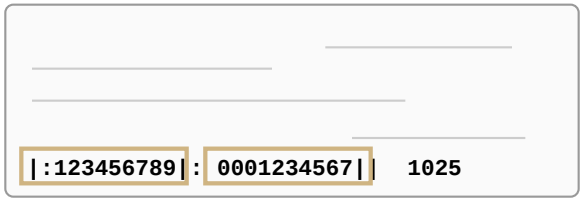
3 How you will pay

Choose one

○ Check enclosed, payable to Crisis Pregnancy Center of Gaston County - one-time gifts only

○ Bank draft from my account - one-time or monthly

Enclose a voided check, OR fill in the numbers from the bottom of your check:



Routing number _____

Account number _____

Account type: ○ Checking ○ Savings

Bank name (optional): _____

○ Credit card - one-time or monthly

Card number _____ **Exp. (MM/YY)** _____ **CVV** _____

Name on card _____ **Billing ZIP** _____

4 Payment authorization

Required for bank drafts and cards

I authorize Crisis Pregnancy Center of Gaston County to draft the bank account or charge the credit card listed for the amount above, either once or monthly on the 10th as I have marked, and to correct any amount charged in error. A monthly gift continues until I tell CPC in writing or by phone (704-868-5854) to change or cancel it. I am an authorized signer on this account or card.

Signature _____ **Date** _____

Printed name _____

Return to: Crisis Pregnancy Center of Gaston County, 700 Robinson Rd, Gastonia, NC 28056

Questions? Call 704-868-5854.

Thank you for your support!