



# FirstChoice Clinic

## Friends for Life Giving Program

*By enrolling in our automatic giving program, you will help benefit FirstChoice Clinic clients. Your long-term promise permits the continuation of our valuable services. THANK YOU!*

### My contact information:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

### I would like to make a monthly contribution in the amount of: (Minimum \$10/month)

- \$10 per month     \$35 per month     \$75 per month     Other \$ \_\_\_\_\_ per month  
 \$25 per month     \$50 per month     \$100 per month

### I would like to use the following method for payment: (Choose one method)

- Please set up an automatic payment through my checking or savings account **(complete section A)**  
 Please set up an automatic payment through my credit card **(complete section B)**

### ALSO:

- My employer offers a MATCHING GIFT program **(complete section C)**

### Rather than a monthly commitment, I would like to make a one-time gift: (check enclosed)

- \$35     \$50     \$75     \$100     \$250     \$500     Other \$ \_\_\_\_\_

### A. Automatic withdrawal from my checking or savings account:

- Checking     Savings

- I want my bank to transfer monthly donations to FirstChoice Clinic. My authorization to charge my account shall be the same as if I had personally signed a check to FirstChoice Clinic. A receipt will be sent monthly.  
 I have enclosed a voided check for verification and bank information. All information will remain confidential.

Amount to be debited per month \$ \_\_\_\_\_ Date to be debited each month:  1<sup>st</sup> of the month  
 15<sup>th</sup> of the month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This payment authorization is valid and is to remain in effect unless I notify FirstChoice Clinic of its cancellation by sending written notice two weeks prior to the cancellation date.***

### B. Automatic payment through my credit card:

- Visa     MasterCard    Account Number: \_\_\_\_\_

Amount to be debited per month \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Date to be debited each month:  1<sup>st</sup> of the month     10<sup>th</sup> of the month    Starting Date: \_\_\_\_\_

***This payment authorization is valid and is to remain in effect unless I notify FirstChoice Clinic of its cancellation by calling our office or sending written notice two weeks prior to the cancellation date.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### C. Corporate Matching Gift

- My employer will match my tax-deductible gift to FirstChoice Clinic.

Employer/Organization Name: \_\_\_\_\_

- I have enclosed my corporate match form.

### I would like (Check all that applies):

- Additional information pertaining to leaving a gift to FirstChoice Clinic in my will
- Additional information pertaining to making a stock contribution.
- Information about volunteer opportunities at FirstChoice Clinic
- Information on FirstChoice Clinic's Annual Fundraisers.
- To donate an In-Kind Gift to your Baby Boutique.

### Please return completed form to the Fargo Administrative Office.

*The administrative office in Fargo processes all donations for all three FirstChoice Clinic sites:  
Fargo, Bismarck and Devils Lake.*

**FirstChoice Clinic**  
**1351 Page Dr, Suite 205**  
**Fargo ND 58103**

1.888.237.6530      701.237.5902      701.237.0363 (fax)  
[info@firstchoiceclinic.com](mailto:info@firstchoiceclinic.com)      [www.teamfirstchoice.com](http://www.teamfirstchoice.com)

#### Satellite Site:

FirstChoice Clinic-West  
1120 College Dr., Suite 204  
Suncrest Office Park  
Bismarck, ND 58501  
701-751-4575



#### Satellite Site:

FirstChoice Clinic-Lake Region  
1031 7<sup>th</sup> St. NE  
Mercy Hospital - 4<sup>th</sup> Floor  
Devils Lake, ND 58301  
701-662-2229

#### FirstChoice Clinic...

- Non-profit, 501 (c)(3) corporation.
- Contributions are tax-deductible as provided by law.
- Does not rent, sell, or trade its donor list.
- Will not share your address with any other organization.