

WHAT DOES IT TAKE TO  
SAVE A LIFE?

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The Women's Resource Center  
280 Main Street  
Dayton, TN 37321

# MY INVOLVEMENT

*I will support this ministry in the following ways. (Check all that apply)*

*All gifts are tax deductible.*

**My One Time Gift Tonight:** to meet immediate needs.

- \$10,000  
  \$5,000  
  \$2,500  
  \$1,000  
 \$750  
  \$500  
  \$250  
  Other \$ \_\_\_\_\_

**My Monthly Pledge:** to sustain the ministry throughout the year.

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

**More Opportunities:**

- I am considering another gift.  
  I am considering volunteering, please contact me.  
 I will commit to pray for this ministry.

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Check included**

**Automatic Monthly Giving:** I want to transfer on the  15th or  30th of the month in the amount of \$ \_\_\_\_\_. This authorization is the same as if I had personally signed a check and will remain in effect until I notify the ministry that I wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

- a donation check  
  voided blank check  
  credit card  
  debit card

**Credit/Debit Card:** MasterCard/Visa/Discover/AmEx

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Sec. Code \_\_\_\_\_