



Harmony

WOMEN'S CARE

When you support Harmony, you are having a real impact in our community. Together we can ensure that every woman facing an unexpected pregnancy gets the help she needs.



My One Time Gift \$

My Monthly Pledge \$

I am already a Monthly Donor. Please increase my monthly support to \$

Donation Options:

Electronic Donation – Use QR code or harmonyfriends.org/donate **Cash Enclosed** **Check**

Electronic Funds Transfer - I will provide the necessary banking information to begin the transfer by enclosing:
 my donation check a voided blank check

Credit or Debit Card

Cardholder Name: Exp. Date:

Card Number:

Authorized Signature:

Stock Donation: Find stock donation instructions at www.harmonyfriends.org/donatestock

Donor Information: *Please print clearly*

Name:

Mailing Address:

Email:

Home Church:

Phone: - -

I am interested in volunteering, please contact me.