



Life Network of Central MO – My Life Clinic
2021 "Stand For Life" Virtual Fundraising Event

What touched you most tonight? \_\_\_\_\_

Name (s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Church \_\_\_\_\_

Email \_\_\_\_\_

All Gifts to Life Network of Central MO are Tax-Deductible
Life Network of Central MO \* 802 N Providence Rd, Ste 2 \* Columbia, MO 65203
www.lifenetworkfriends.com

My Investment Tonight

- My gift tonight is: Champion Guardian Warrior Defender Protector Supporter Other
\$10,000 \$5,000 \$1,000 \$500 \$250 \$100 \$\_\_\_\_\_

My Monthly Investment in Life Network & My Life Clinic

- I want to become a monthly partner. I would like to make a donation of \$\_\_\_\_\_/Month.
I am currently a monthly partner. I want to increase my monthly donation from \$\_\_\_\_\_/Month to \$\_\_\_\_\_/Month.
I am currently a monthly partner. I want to continue my monthly donation in the amount of \$\_\_\_\_\_/Month.
I am considering a gift other than those suggested. Please contact me.
I am considering placing Life Network in my estate plans. Please contact me.

Gift Options

- Cash Check (payable to Life Network) Credit / Debit Card

Automatic Monthly Giving: The easiest way to faithfully keep my commitment:

I authorize Life Network to charge my credit card on the 1st or 15th 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.

Credit/Debit Card: Mastercard / Visa / Discover

Print Name \_\_\_\_\_ Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date (MM/YYYY) \_\_\_\_\_ \*CVC # \_\_\_\_\_

Additional Ways to Help Expand Life Network's Mission:

- I am interested in volunteering with Life Network/My Life Clinic, please email me a volunteer application.
I would like to receive email communication from Life Network.