



I would like to partner with Bella as indicated below:

I would like to bless Bella and the clients served as follows:

One time gift of \$ _____ Monthly pledge of \$ _____

I would like to sponsor a client at Bella.

Enclosed is my gift of \$1,200 for this purpose

I would like to spread my sponsorship out over ____ months at \$ _____ per month.

I would like to sponsor ____ one day (\$600) ____ one-half day (\$300) at Bella.

Enclosed is ____ \$600 ____ \$300 for this purpose.

I would like to spread my sponsorship our over ____ months at \$ _____ per month.

Please fill out the following information completely and include your payment information in the next column. Thank you for your support!!

My Name _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____

Email Address _____



Payment Information

Enclosed is my check or money order.

Please send me a coupon book for my monthly pledge.

Please charge my credit card as follows:

Type: VISA MasterCard Discover

Name on Card _____

Expiration _____ Amount to be charged _____

Frequency of charge (if more than a one-time gift) _____

Authorized Signature _____

Please return this form to:

Bella Pregnancy Resource Center

PO Box 755 ♦ Spearfish, SD 57783

Credit Card donations can also be made by telephone or through Bella's website. 605.642.1959 or www.bellapartners.org