

The Simple Giving Plan



Makes gift giving easy. No more checks to write or donations to send.

It's convenient.

You don't have to worry about forgetting to make your monthly gifts.

It saves time.

You don't need to write checks and find stamps to mail your gift each month.

It's safe.

No more concerns about checks being lost in the mail.

And it saves money.

It's more cost effective so your gifts go even further!

Terms and Conditions

The authorization to charge your bank account or credit card is the same as if you had personally signed a check to **Birth Choice**. This agreement will remain in effect until you write a letter to **Birth Choice** requesting that we end this agreement, providing us with a reasonable amount of time to act on it.

A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying **Birth Choice**. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the bank statement, or within 45 days after the transfer was made.

The bank or credit institution is not responsible for an error in the amount of your transferred gift. If there is an error, please handle it directly with **Birth Choice**.



Phone: 714-541-5484

Fax: 714-972-2062

Email: admin@birthchoiceclinic.org

Make Your Life Easier and Increase the Value of Your Giving



The Simple Giving Plan



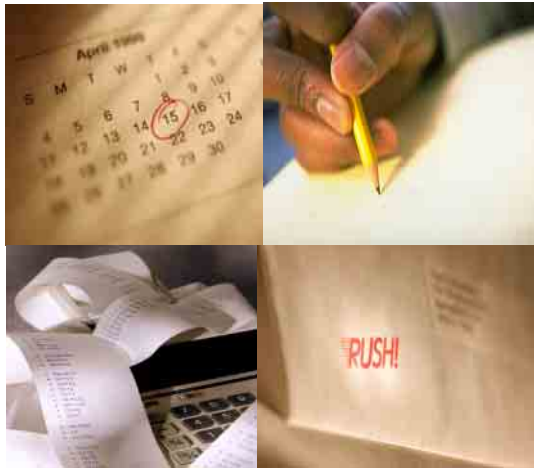
Find Out How the Simple Giving Plan Works – for You!

The Simple Giving Plan provides a convenient way to make your contributions the same time each month--even if you are away from home.

1 Gifts can be automatically deducted from your checking or savings bank account.

Or

2 Gifts can be automatically charged to your credit card.



No more need for reminders. You'll love the convenience of the Simple Giving Plan.



It's Easy to Sign Up!

Enter your personal information on the upper portion of the response form. Please include your phone number should we have any questions.

Select whether you wish to have your gift deducted monthly from your bank account or if you would rather use your credit card. Also indicate the amount and date of your monthly transfer. Indicate the bank information and sign your name with today's date.

Include a check for your pledge so your giving will be uninterrupted while your payment method is established.

You will receive a letter confirming your participation in the Simple Giving Plan. Each month the transfer occurs automatically and the record of giving appears on your bank account statement. You will receive a receipt for your tax records. If at any time you wish to change your gift amount or discontinue using the Simple Giving Plan, simply drop us a note at:

Birth Choice Health Centers
415 N. Sycamore Avenue Suite 200
Santa Ana, CA 92701



YES! PLEASE SIGN ME UP!

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Please choose ONE of the two giving options below:

ELECTRONIC FUNDS TRANSFER

I authorize my bank to transfer \$_____ from my account **Birth Choice** in accordance with the terms and conditions stated on the back of this brochure. Please transfer my monthly gifts on the

5TH 20TH of every month. *(check one)*

NAME OF BANK: _____

ACCOUNT NUMBER _____

SIGNATURE: _____

DATE: _____

CREDIT CARD

I authorize **Birth Choice** to charge \$_____ each month to my credit card in accordance with the terms and conditions stated on the back of this brochure.

TYPE OF CREDIT CARD: VISA MASTERCARD

CARD # _____

EXP. DATE _____

BILLING ADDRESS _____

SIGNATURE _____

Thank You! Your first electronic transfer will occur within 45 days.