

WomenCare, Inc.
DBA FamilyCare Health Centers
Contribution and Pledge Form

Name (print) _____ Phone () _____

Address _____

City _____ State _____ Zip _____

E-mail address (print clearly) _____

Please make checks payable to:
WomenCare, Inc.
97 Great Teays Boulevard, Suite 6
Scott Depot, WV 25560-9816

One time contribution of: \$500 \$300 \$200 \$100 Other Amount _____

Payment of Method:

Check enclosed for \$ _____

Credit Card Payment (pay in full or monthly charge)

Charge full amount of \$ _____ to credit card

Charge my credit card \$ _____ monthly for _____ months.

Card type: Visa MasterCard

Card number: _____

Expiration date: Month _____ Year _____

Signature _____

WomenCare, Inc. is a 501(c) (3) tax-exempt corporation. Upon payment, contributions are tax-deductible to the full extent of the law.