



Donation Form

- Electronic Funds Transfer**

We are grateful for your faithful support. We are happy to offer you an easy way to give on a monthly basis.

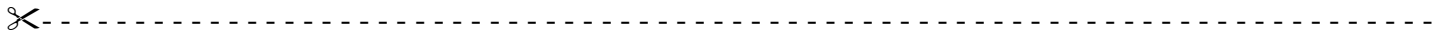
Please consider contributing directly from your bank account or credit card through Electronic Funds Transfer. Just complete the form below and attach a voided check from the account you wish to transfer funds or complete the credit card information.

- Online Through Our Website**

You may also make credit card donations through our website: www.ThriveWomensClinic.com/Support. These may be one time, monthly or annual gifts. (Your gifts online will be recognized via email with a receipt.)

It's convenient. No more forgetting to make your monthly gifts.
It's safe. No more concerns about checks being lost in the mail.

It saves time. No more writing checks to mail your gift each month.
It saves money. It's more cost effective so your gifts go further!



YES! PLEASE SIGN ME UP!

Name: _____ Address: _____

Phone: _____ City: _____ State: _____ Zip: _____

Please choose ONE of the two giving options below:

ELECTRONIC FUNDS TRANSFER

I authorize my bank to transfer \$_____ from my account to **Thrive Women's Clinic** in accordance with the terms and conditions stated below.

Please transfer my monthly gifts on the

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

NAME OF BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER _____

SIGNATURE: _____

DATE: _____

CREDIT CARD

I authorize **Thrive Women's Clinic** to charge \$_____ each month to my credit card in accordance with the terms and conditions stated below.

TYPE OF CREDIT CARD: VISA MASTERCARD

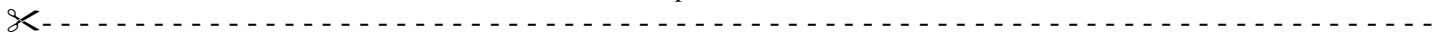
CREDIT CARD # _____

EXP DATE _____

SIGNATURE _____

DATE: _____

Please complete (attach a voided check if choosing EFT) and return to:
Thrive Women's Clinic, 12959 Jupiter Road Suite 260, Dallas, Texas 75238



Terms & Conditions

The authorization to charge your bank account or credit card is the same as if you had personally signed a check to **Thrive Women's Clinic**. This agreement will remain in effect until you write a letter to **Thrive Women's Clinic** 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 **Thrive Women's Clinic**. 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 **Thrive Women's Clinic**.