

Partner with NATURAL WOMANHOOD to help women and couples learn about fertility awareness, NFP, and real women's health!!!!!!!

Natural Womanhood is a 501 (c) 3 organization
EIN #46-1289199-Your generous gift is tax deductible
www.NaturalWomanhood.org

I would like to: (please indicate your choice)

1. ___ Contribute \$1000 **MONTHLY** (or \$12,000 lump sum) per year for the next 5 years. This amount allows us to reach 36,000 women and couples annually to tell them the truth about contraception, women's cycles and fertility. We are asking that 5 people make this commitment.
2. ___ Contribute \$416 **MONTHLY** (or \$5,000 lump sum) per year for the next 5 years. This amount allows us to serve 15,000 women and couples annually to raise awareness of the documented risks of hormonal contraception. We are asking that 10 people make this commitment.
3. ___ Contribute \$83 **MONTHLY** (or \$1,000 lump sum) per year for the next 5 years. This amount allows us to serve 3,000 women and couples annually to help them discover the science of the cycle and fertility. They will also learn the effectiveness and benefits of natural family planning. We are asking that 30 people make this commitment.
4. ___ Contribute \$ _____ (Amount) ___ for _____ (How many) ___ years/months (circle one)

Payment Information: (please indicate your choice)

1. ___ My check is enclosed made payable to: Natural Womanhood
2. ___ I authorize Natural Womanhood to charge \$ _____ on my credit card or debit from the bank account specified below, beginning on (Date) ___/___/___ (monthly ___ OR one time ___). This Authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

CHECKING: Bank Name- _____ Account Type: ___ checking OR ___ savings
Routing Number: _____ Account Number: _____

CREDIT/DEBIT CARD: Visa/MasterCard/Discover/AMEX (circle one)

Number: _____

Expiration Date: _____ 3 or 4 DIGIT CSC CODE- _____

Name as it appears on card: _____

Billing Address: (If different than below) _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Signature: _____

Mail to: Natural Womanhood P.O. Box 780374, San Antonio, TX 78278