



# Options Clinic

Caring, confidential reproductive health services

**I/WE WISH TO BUILD BETTER OPTIONS BY PARTICIPATING IN THE CAPITAL CAMPAIGN!**

Name: \_\_\_\_\_  
Please print name(s) as you want to be listed in our Annual Report

Please do not recognize my gift publicly.

Address: \_\_\_\_\_  
Street City State Zip

I/we pledge a total commitment of \$\_\_\_\_\_, to be fulfilled over \_\_\_\_\_ years, beginning \_\_\_\_/\_\_\_\_.  
month year

*(Please consider an option over a 3-year period.)*

I/we wish to fulfill my/our commitment by making gifts:

annually  semi-annually  quarterly

I/we wish to make a one time gift of:

\$10,000  \$5,000  \$2,500  \$1,000  \$\_\_\_\_\_

Please charge the above amount to my VISA or Mastercard.

# \_\_\_\_\_ Exp. \_\_\_\_\_

I/we wish to make this commitment:  In honor of:  In memory of:

My employer, \_\_\_\_\_, will match my/our gift.  
*(Please enclose appropriate matching gift forms.)*

**Your investment is tax deductible. Please make your gift payable to:  
Options Clinic  
1201 Caledonia Street  
La Crosse, WI 54603**

**Thank you!**