



May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope.  
 ~Romans 15:13

I want to be an OMC LIFE Defender! I want to help save children, stop abortion free hearts from the pain of abortion, & further God's kingdom.

My new pledge is:

\$50/month                       \$100/month

\$75/month                       \$ \_\_\_\_\_ /month

I am already a LIFE Defender. Please increase my pledge to \$ \_\_\_\_\_ /month.

Together...Touching lives, one at a time.

Oasis Medical Center is a 501(c)(3) nonprofit organization and contributions are tax-deductible as allowed by law.



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church I attend: \_\_\_\_\_

\_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_                      CCV: \_\_\_\_\_

Name (as appears on card) \_\_\_\_\_

Withdrawal Date:                      3rd     18th

Signature \_\_\_\_\_                      Date \_\_\_\_\_

I understand that my account will be debited at the time authorization is received and thereafter as noted in the above selections. I remain in full control of my monthly donations and may change or cancel at any time by contacting OMC.

**I would like to add / make a one-time gift of:**

\$1,000    \$750    \$500    \$250    \$100    Other \$ \_\_\_\_\_

My gift is enclosed.    Use my credit card information above.

Please bill me.

Gift in Honor of \_\_\_\_\_

Gift in Memory of \_\_\_\_\_

Please notify the person below of my gift:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_