



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.

2421 Proper Street; Corinth, MS 38834

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: _____