



## Harbor Lights Pregnancy & Information Center

### MAIL IN GIFT FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my check **payable to HLPIC** in the amount of \$ \_\_\_\_\_

I would like my gift applied as follows:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Please keep my donation confidential

Please mail your gift to

Harbor Lights Pregnancy & Information Center  
310 Newman Street  
East Tawas, Michigan 48730

*Harbor Lights Pregnancy & Information Center is a nonprofit 501(c)(3) organization  
and is tax-deductible in the United States*