



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:

Check this box to keep your donation confidential

Please Mail Your Gift To:

Harbor Lights Pregnancy and Information Center
310 Newman Street
East Tawas, MI 48730

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