

Yes!

I want to help the University LifeCare Center make a difference for men, women, and babies...

University LifeCare Center provides confidential, free services. We have a medical director and a registered nurse who provide our medical services. We have peer counselors who care about our clients. We educate about abortion and alternatives. We promote life-affirming solutions for women and men making difficult choices about their lives. We help them find hope, safety, and freedom.



Our Services

- Pregnancy Testing
- STI Testing
- Limited obstetrical ultrasounds
- Confidential peer counseling
- Educational resources
- Social services referrals
- Maternity and baby supplies
- Financial, housing, and education assistance

Gifts of Treasure

1. Choose pledge amount and frequency

I / We would like to make the following tax-deductible donation:

\$25 \$50 \$100 \$200

\$500 \$1000 \$

I / We will give:

Every Month Every Quarter One Time

2. Provide contact information (please print)

Name: _____

Address: _____

City, State, Zip: _____

Tel: (H) (____) _____ (Other) _____

Email: _____

3. Choose a payment option

Electronic Funds Transfer (EFT). (Include voided check).
I / We authorize the University LifeCare Center to initiate EFT debits and to initiate, if necessary, adjustments for any debits in error to my account and my depository bank. This authority is to remain in effect until the University LifeCare Center has received written notification from me of its termination in such time and manner as to afford both University LifeCare Center and my bank a reasonable opportunity to act upon it.

Checks by mail. You may send your pledge to our office. We will do our best to send payment envelopes after each contribution.

Donate securely on-line! Visit us at ulifecare.org.

4. Signature and Date

Name _____ Date: / /

Gifts of Time



Make a choice to make a difference...

Join our daytime or on-call Volunteer teams.

Yes! Please contact me about becoming a volunteer.

Gifts of Faith

Give a gift of faith, the foundation of all of our work.

Yes! I want to pray for the clients and staff of the University LifeCare Center. I commit to:

- 1 Mass 1 Rosary
- 30 mins of Scripture Reading
- 30 mins of Eucharistic Adoration
- 1 Stations of the Cross
- 1 Chaplet of Divine Mercy
- Other _____
 - Once a day
 - Once a week
 - Once a month

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University LifeCare Center