

THANKS FOR BEING A PART OF BABY BOTTLE BOOMERANG!!!

Your participation will help make a real difference in the lives of women in crisis and help save the lives of unborn children. You will also help meet many material, emotional and spiritual needs of women, children and families in the tri-county area.

Please take your bottle home and fill it with a check, cash, coins, or you may choose to make a monthly pledge or one-time gift using our secure EFT system, and return it to the church by **SUNDAY, June 20, 2021.**

As you can see on the back of this insert, all tax-deductible donations will go to the New Beginnings Pregnancy Help Center of Ash Flat and will enable us to continue the vital work to which God has called us. Precious lives will be saved and blessed because of your generosity, and our prayer for you is that God will richly bless you for your partnership in the work of this ministry. **Thank you!**

A GIFT FOR LIFE

By providing help to women in crisis pregnancies, we have found this to be true:

When a woman who is considering an abortion visits a crisis pregnancy center, nearly half of the time she will change her mind and make the decision to give life to her unborn child.

New Beginnings Pregnancy Help Center
23 W. Main Street
PO Box 506
Ash Flat, AR 72513
(870) 994-5433
Email: nbphc.laura@yahoo.com

When you insert a check or fill this bottle with currency, coins, you are helping provide free counseling, maternity and baby supplies and a hand of friendship to a woman in crisis. Thank you for your tax-deductible gift of Life. (Tax receipts will be issued for donations of checks, currency or credit card. Tax receipts for donations will ONLY be issued upon request.)

☐ To request a receipt for coin donations check here

Your Name: _____

Your Address: _____

City, State, Zip: _____

This gift is given
In Memory/Honor of
(Circle One) : _____

Send a Memorial
Card to - Name : _____

Memorial/Honoree Address: _____

City, State, Zip: _____

☐ Please use the following credit card information for my one-time Special gift.

☐ Please use the following credit card information for my MONTHLY gift. I would like the transaction to take place on the ☐ 5th or the ☐ 20th of every month.

Credit card type _____ (VISA/MC/Discover)

Expiration Date _____ Email (required) _____

Credit Card Number: _____

Authorized signature to process debit entries to my account Date

☐ I would like to make my donation by website at www.pregnantnowwhat.org

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