

Please use this slip with your donation if you would like to designate the amount to a specific service area.

THANK YOU FOR YOUR HELP  
KEEPING THIS OUTREACH STRONG!

**Please mark those that apply:**

- Donation toward the Pregnancy & Parenting Resource
- Donation toward CoCares  
*(your gift will help offset costs to the recipients)*
- Dedicated Supporter Pledge (planned, regular giving) \$ \_\_\_\_\_  
per            Month            Quarter            Semi Annual            Year

To be paid:

- By automatic withdrawal that I set up through Crossroads secure website
- By automatic withdrawal that I set up with a personal call from  
Crossroads' Development Manager
- By check *(enclosed and by reminder by email or call)*

I  DO  DO NOT desire to be mentioned by name for my donation

*ultrasound*  *project*   
Crossroads

CROSSROADS  
Pregnancy  
& Parenting   
RESOURCE CENTER & ULTRASOUND

*Thank you*

 CoCares  
NON-MEDICAL ASSISTING FOR ELDERLY  
& CAREGIVER RELIEF

Crossroads of Crawford County

139 North 7th Street, Denison, Iowa 51442 • 712.393.4673(HOPE)  
www.crossroadsofcrawfordcounty.org