

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!

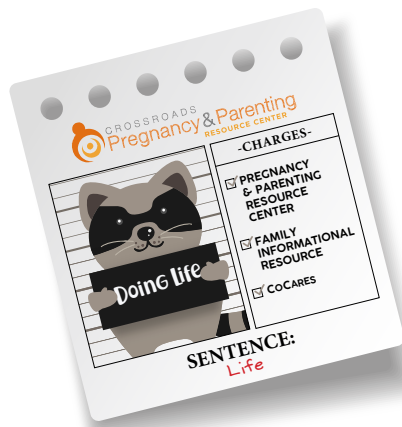
**Please mark those that apply:**

- 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



Thank you

Crossroads of Crawford County

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