



**SAV-A-LIFE**  
*Shelby*

*Saving Lives One Person At A Time.*

savalifeshelby.org  
(205) 664-1668



### From the Board . . .

On behalf of the board of directors, we are thankful for Bob and his service to the Lord. For forty years he has dedicated his time to promote life for the unborn and Christ to the born. This legacy gift will have an eternal impact in Bob's honor.

Bob has assisted the board in the transition, and we are confident that Sav-A-Life Shelby will continue promoting a culture of life throughout Shelby County and beyond.

Please use the **tear off response** below to indicate what God impresses you to give to the Legacy of Bob's 40 years of service.

Thank you for all you do **FOR LIFE!**

-----  
*By responding to this legacy opportunity, we will raise more than enough to help propel the mission of Sav-A-Life Shelby forward resulting in saving more lives in our community.*

*If you are already providing a monthly gift, please consider increasing it. If you are already providing a monthly gift but would like to provide a one-time gift to help mothers and babies in our community, consider this as an encouragement and a challenge to you on the amount of the gift. Pray about what God would have you give. This ensures your gift goes to where God can use it the most. Your gifts are already providing hope through free pregnancy testing and supportive advocates to discuss options and address spiritual needs. Your gifts provide ultrasound scans so the client can see her baby and hear the heartbeat. Your gifts provide her the opportunity to be mentored through our education program to earn points in exchange for diapers, baby clothing, car seats, baby beds and more! Finally, your gifts provide her a Christ-centered ministry to learn about her faith.*

( Tear-off below and mail with your gift )



## Give a Legacy of Life

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Give by Check# \_\_\_\_\_ Payable to **Sav-A-Life Shelby**       One-time Gift AMOUNT: \_\_\_\_\_       Other Gift SPECIFY: \_\_\_\_\_  
 Give Online at **savalifeshelby.org**       Monthly Gift AMOUNT: \_\_\_\_\_       Text to Give: **savalife** to **45777**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_  
Debit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

