

Name:

Maria

Last menstrual period:

Select a date

Status:

Select an option

⌵

Phone number:

123-456-7892

Select number of weeks

⌵

Appointment date:

Select a date

Abortion information

Patient information

Notes

Call log

Create Pledge

Create Pledge



Confirm the following information is correct:

Patient name:

Joan

Patient ID:

202-897-9089

Pledge amount:

\$100.00

Appointment date:

10/31/2016

Clinic name:

Downtown Clinic That Helps Women

Clinic location:

1234 K Street NW, Washington DC, 20001

Cancel

Continue

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11/14/2015 08:45 pm Katie Casemanager

Sed arcu hendrerit est condimentum volutpat vitae vitae dolor. Quisque purus metus, consectetur ut risus non, aliquam mattis turpis. Quisque porta sem sem, convallis scelerisque purus porttitor nec.

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Review this preview of your pledge:



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m

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Create Pledge



Awesome, you generated a DCAF Pledge! Thanks!

Your pledge should appear in your computer’s downloads. Find the document and go to [onlinefaxes.com](#) to submit the pledge for your client.

Once you’ve completed the online fax process, please use the check box below to indicate your pledge has been sent.

☒ I sent my pledge

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