



FOUNDATION

8401 Connecticut Avenue, Suite 1204 • Chevy Chase, MD 20815

# ABORTION COUNSELING DISCLOSURE STATEMENT

## PURPOSE OF STATEMENT:

This is a Statement to be used by the William S. Abell Foundation Board of Trustees to ensure that the Board awards grants to organizations whose procedures are consistent with the Foundation's guidelines. The William S. Abell Foundation, Inc. does not support organizations which perform, fund or promote abortion.

## GENERAL INSTRUCTIONS:

- a. Answer the following questions based upon your actual knowledge.
- b. Attach additional information to this Statement, if additional space is needed.
- c. This Statement must be returned to the William S. Abell Foundation office before a request for funding will be considered by the Board of Trustees.
- d. This Statement must be reviewed, dated and signed by the Chief Executive Officer of your organization.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Telephone: \_\_\_\_\_

## GENERAL INFORMATION please clearly mark answers with an X:

- 1. Does your organization perform abortions? YES  NO
- 2. Does your organization fund abortions? YES  NO
- 3. Does your organization promote abortions? YES  NO
- 4. Does your organization refer clients to medical clinics or other organizations that perform, fund or promote abortions? YES  NO

If yes, please list referrals:

\_\_\_\_\_  
\_\_\_\_\_

5. If one of your clients approached a staff member and said, "I am pregnant and I am considering an abortion," what should the staff member's response be?

\_\_\_\_\_  
\_\_\_\_\_

Signature of CEO: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_