

William S. Abell Foundation, Inc.
ABORTION COUNSELING DISCLOSURE STATEMENT

Directions: This form must be downloaded, printed, completed, reviewed and signed by the Chief Executive Officer and then faxed to 301-652-9173 or scanned and emailed as an attachment to cdoolan@williamsabellfoundation.org

Name of Organization: _____

Address: _____

Telephone #: _____

Purpose of Statement:

This statement is 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 and principles. 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.

General Information:

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 health clinics or other organizations that perform, fund or promote abortions? Yes___ ** No___

****NOTE: If you answer yes to #4 list organizations that you refer clients to here:**

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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 _____
Title _____ Date _____