



### Mail-In Donation Form

Mail this completed form, along with your check or money order (if applicable) to Planned Parenthood Federation of America, Inc. Thank you for your gift!

I would like to: (please check only one)

Share my gift\*\*     Give locally     Give Nationally     Give Internationally

\*\* Shared between your local affiliate & Planned Parenthood Federation of America.

Donation Amount\* \$ \_\_\_\_\_

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ Apt. \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Yes, I would like to receive email from Planned Parenthood organizations.

\* Required Field

### Payment Information

My check or money order is enclosed. Make checks or money orders out to "PPFA". Please do not send cash as a donation.

My credit card information is below:

American Express     Discover     MasterCard     Visa

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Please mail your gift to:

Planned Parenthood Federation of America, Inc.

Attn: Online Services

P.O. Box 97166

Washington, DC 20090-7166

Please know that your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution.