



## 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 Planned Parenthood affiliate & Planned Parenthood Federation of America.

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

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

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- 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 \_\_\_\_\_

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**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.