

CAPITAL CAMPAIGN | Pledge Form

The New South Madison Family Planning Health Center

PLEDGE CONFIRMATION

Yes! I/we support Planned Parenthood of Wisconsin's vision for Dane County.

I/we pledge \$ _____ for:

\$ _____ Capital Campaign

- Single lump sum payment
- Annual payment of \$ _____ over one year two years
- Other schedule (please provide details): _____

\$ _____ Annual Support to Planned Parenthood of Wisconsin, Inc.

- Yes, I/we would be honored to have my/our names listed on *The Wall of Honor* Please list below how name(s) should appear

PAYMENT OPTIONS:

- Gift of stocks or other securities
(For broker information, please contact Deborah Hobbins at (608) 256-7549, ext. 2138)
- Check payable to Planned Parenthood of Wisconsin, Inc.
 - Please send pledge payment reminders
 - I prefer not to receive pledge payment reminders
 - I prefer to remain anonymous
- Credit card: Visa MasterCard Discover American Express
Please charge my gift one time monthly quarterly annually
Account number: _____ Exp. Date: _____
- Electronic Fund Transfer (please include a voided check)
Please transfer \$ _____ (\$10 monthly minimum) from my checking account for _____ months

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ - _____ Evening Telephone: (_____) _____ - _____

Signature _____ Date _____

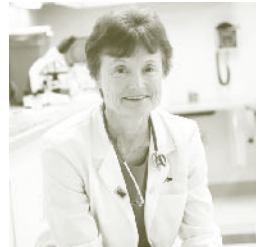
PLEASE SEE THE REVERSE SIDE FOR MORE DETAILS.

Gifts to Planned Parenthood of Wisconsin are fully tax deductible as allowable by law.

If you have questions contact Deborah Hobbins at (608) 256-7549, ext. 2138

Mail to: 111 King Street, Suite 23, P.O. Box 2566, Madison, WI 53701-2566

www.ppwi.org



CAPITAL CAMPAIGN | Giving Options

The New South Madison Family Planning Health Center

\$700,000 GOAL

It is most helpful for Planned Parenthood of Wisconsin if we receive a capital gift as soon as possible. However, we have two years in which to receive your full gift for our Dane County project. We realize everyone has different capacities to give, and we want to ensure you are able to contribute the most generous gift you can while maintaining your annual support.

Total Gifts Needed	Gift Amounts x Gifts Needed	12 Monthly Payments	24 Monthly Payments
\$300,000	\$100,000 x 3	\$8,333 x 12	\$4,167 x 24
\$150,000	\$75,000 x 2	\$6,250 x 12	\$3,125 x 24
\$100,000	\$50,000 x 2	\$4,167 x 12	\$2,083 x 24
\$50,000	\$25,000 x 2	\$2,083 x 12	\$1,042 x 24
\$30,000	\$10,000 x 3	\$833 x 12	\$417 x 24
\$40,000	\$5,000 x 8	\$417 x 12	\$208 x 24
\$16,000	\$2,000 x 8	\$167 x 12	\$83 x 24
\$14,000	\$1,000 x 14	\$83 x 12	\$42 x 24

\$700,000 Goal

NAMING OPPORTUNITIES

Room Name	Number of Rooms	Gifts
Waiting Room	1	\$100,000
Lab	1	\$20,000
Exam Rooms	4	\$15,000
Treatment/Counseling	2	\$15,000
Staff Room	1	\$10,000

Other naming opportunities available, contact Deborah Hobbins.

*Once again, we thank you for your generosity.
Your partnership makes our work possible.*