



I/WE WOULD LIKE TO MAKE A GIFT TO PLANNED PARENTHOOD SERVICES AND PROGRAMS.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

ENCLOSED IS MY CONTRIBUTION FOR GENERAL SUPPORT:

(For health care and family planning services, sexuality education and community outreach.)

\$50 \$100 \$250 \$500 \$1,000 Other: \$ _____

I would like to make an additional gift to the Justice Fund: \$ _____

(The Justice Fund helps women access abortion services.)

TOTAL CONTRIBUTION

\$

PAYMENT OPTIONS

Check enclosed

Visa **MasterCard** **Discover** **American Express**

Card Number: _____ Exp. Date: ____ / ____

Join the Sustainer Society*: Pledge: \$ _____ **Monthly** **Quarterly**

Electronic Funds Transfer (EFT)(\$10 a month minimum. Please attach a voided check.)

Credit Card (\$10 a month minimum.)

I/we prefer to donate anonymously.

Please send information about:

remembering PPWI in my will.

making a planned gift.

Please use my Email for news alerts: _____ @ _____

***Your pledge of support through Electronic Funds Transfer (EFT) or your credit card creates a solid foundation for our work every day of the year. Once enrolled, you will be contacted once a year to see if you wish to increase or discontinue your giving. Enrollment in the program can be cancelled at any time by contacting PPWI in writing.**

Mail to: c/o Development Department, Planned Parenthood of Wisconsin, Inc., 302 N. Jackson Street, Milwaukee, WI 53202

Questions: jon.stewart@ppwi.org, 414-289-3744, (toll free)800-472-2703 ext.3744, (fax)414-271-3975