

YES, I/WE want to help Planned Parenthood Health Systems' change lives by providing quality reproductive health care, reducing teen pregnancy, educating the community on responsible sexuality, and protecting the freedom of choice.

WAYS TO GIVE

- Enclosed is my check for \$_____ made payable to Planned Parenthood
- Please charge my: Visa Master Card AMEX
- A one-time charge in the amount of \$_____
- A monthly gift of \$_____ to be charged on my credit card on the 1st of every month.
 I will notify you by telephone or in writing if I wish to change this agreement.

Account Number: _____ Exp. Date: ____/____

Signature: _____ (Required for all credit card transactions)

- I/WE pledge \$_____ Please bill me: ____ monthly ____ quarterly ____ other
- I have enclosed a matching gift form from my employer

Your gift to Planned Parenthood Health Systems stays here at home to help those in your community, thank you!

This gift is from (Please print your name(s) as you wish to be recognized on our donor list)

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Email: _____

Express your care for a loved one or acknowledge a special occasion

In Memory of: _____

In Honor of: _____

Occasion: _____

Address: _____ City, State, and Zip: _____

Acknowledgement of your gift will be sent. The amount is not disclosed.

PPHS serves North Carolina, South Carolina and West Virginia. Financial information about PPHS and a copy of the license are available from the State Licensing Branch in North Carolina at 919.733.4510. The license is not an endorsement by the State of North Carolina.

Please mail your gift to:
Planned Parenthood Health Systems
Development Department
100 South Boylan Ave.
Raleigh, NC 27603

If you have any questions please feel free to contact us at development@pphsinc.org, or 919.833.7534.

I/WE would like more information on:

- Including PP in my will
- Giving stocks and securities
- Volunteering
- Joining our Advocacy Network