

Making a donation to PP Heartland is simple. Just print this form, fill it out and send it with your check or credit card information to the address at the bottom of this form.

Contact information

Name: _____

Address: _____

City/State/ZIP: _____

E-mail: _____

Telephone: _____

I want to support PP Heartland with a gift of \$ _____.

- My check is enclosed
- Please bill me on (date) _____.
- Please charge my MasterCard Visa Discover

Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Please designate my gift for use in the following program(s):
(check as many as you wish)

- Where needed most
- Clinic services: All PP Heartland Clinics PP Heartland's Clinic in _____ (city)
- Education
- Advocacy

- Please keep my gift anonymous
- Please send me information about adding PP Heartland to my will or estate plan
- Please send me information about making a gift of stock or securities
- Please send me information about becoming a PP Heartland volunteer

Thank you! Please return this form to:

Planned Parenthood of the Heartland
Development Department
PO Box 4557
Des Moines, IA 50305

For assistance, call us at (515) 235-0406