



**YES! I want to support Planned Parenthood of Illinois today. My contribution is enclosed.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**I would like to make a contribution to PPIL using:**

**Check          Credit Card          Cash**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please complete the above information and mail to:**

**Planned Parenthood of Illinois  
Attn: Development Department  
18 S. Michigan Avenue, 6<sup>th</sup> Floor  
Chicago, IL 60603  
312-592-6800**