

Pledge Form –

YES! I want to support PPLA’s efforts to protect reproductive rights and help ensure that those most in need have access to safe and affordable reproductive health care.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

**Please indicate total pledge amount**

- \$10,000     \$5,000     \$2,500     \$1,000     \$500     \$250  
 \$100     \$75     \$50     \$35    Other: \$\_\_\_\_\_

**Payment options**

- Check made payable to PPLA  
 Credit card payment  
     Single payment for pledge amount  
     Monthly payments of \$\_\_\_\_\_ for \_\_\_\_\_ (#) months.

Card Type:     Visa     MasterCard     American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

**Recognition listing (for gifts \$250 and above)**

Indicate how you would like your name(s) to be listed in PPLA Publications (e.g., annual report):

\_\_\_\_\_  
**or**  Anonymous

Contributions are tax-deductible as permitted by law. The tax ID number of Planned Parenthood Los Angeles is 95-2408623. We thank you for your support!

Please mail this form along with your payment to:    Planned Parenthood Los Angeles  
File 50068  
Los Angeles, CA 90074-0068

OR call or fax us at:    Phone: 213.284.3300    Fax: 213.284.3350