Planned Parenthood Mar Monte

1605 The Alameda ● San Jose, CA 95126 ● Tel: (408) 297 - 9255 ext. 225 ● Fax: (408) 297 - 9254 ● Email: sanjosedev@ppmarmonte.org

DONATION FORM

Please print and return completed form to us via mail or fax:

Mail:
Development Department: Santa Clara Region
Planned Parenthood Mar Monte
1605 The Alameda
San Jose, CA 95126

Fax:
(408) 297-9254

DONOR

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: ( ) - _____

Email: _____

How do you prefer to be contacted? ☐ By Phone ☐ By Email ☐ By USPS Mail

DONATION

Contribution Amount: $ _____

☐ **Please check box if this is an anonymous gift and/or specify how you would like to be recognized:**

_____

_____

This contribution is given (please check one):

☐ One-time Only ☐ Monthly ☐ Annually

PAYMENT METHOD **(Please check one):**

Credit Card*:
☐ Visa
☐ Mastercard

Check:
☐ Check Enclosed

*For credit card contributions, please complete the following:

Name as it appears on the card: _____

Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Thank you for supporting Planned Parenthood Mar Monte.

Planned Parenthood Mar Monte is a 501(c) (3) non-profit organization. Your contribution is tax deductible to the fullest extent allowed by law.

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