Planned Parenthood Mar Monte

1119 Pacific Avenue, Suite 210 ● Santa Cruz, CA 95060 ● Tel: (831) 425 - 1551 ● Fax: (831) 425 - 0217 ● Email: santacruzdev@ppmarmonte.org

DONATION FORM

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

Mail:

Development Department: Santa Cruz Region
Planned Parenthood Mar Monte
1119 Pacific Avenue, Suite 210
Santa Cruz, CA 95060

Fax:

(831) 425 - 0217

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 ☐ Quarterly ☐ 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 deductible to the fullest extent allowed by law. IRS rules require us to state that Planned Parenthood Mar Monte did not provide you with any goods or services related to your contribution.

SCRUZ 8/05