



Annual Fund Pledge Card

- One-time Pledge Amount: \$ _____
- Monthly Pledge Amount: \$ _____
- Quarterly Pledge Amount: \$ _____

Check Visa/MC/Discover

Card Number: _____

Exp Date: _____

Signature _____

Name _____

Address _____

City _____ Zip _____

Email _____

Phone _____

I wish to remain anonymous

- I would like to make a gift of stock. Please call me with information.**
- I would like to discuss a bequest or charitable gift annuity and hear about the Legacy Challenge Campaign. Please call me.**

Please return to:

**PPM Development & Community Relations Department
330 North Howard Street | Baltimore, MD 21201**

For questions call (410) 576-2150
www.plannedparenthoodmd.org

PPM is a 501(c)(3) nonprofit organization -- donations to which are tax deductible to the fullest extent allowed by law. A copy of our current financial statement is available upon request by contacting us at the address or number above. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage.