



Please print this form and mail to: Mt. Baker Planned Parenthood
2300 James Street, Suite #207, Bellingham, WA 98225

* = *required information*

Enclosed is a contribution to support the work of MBPP.

*Contribution Amount: \$ _____

My check, made payable to **Mt. Baker Planned Parenthood**, is enclosed.

Please charge my credit card: VISA Mastercard

Account #: _____ Exp. Date: _____

Security Code: _____

Signature: _____

Date: _____

My contribution qualifies for a matching gift from

(please enclose the company's matching gift form)

Donor Contact Information:

* Name: _____

* Address: _____

* City/State/Zip: _____

* Home phone: _____ E-mail address: _____

This gift is:

in honor of in memory of to celebrate:

Name: _____

Please send notification to:

Name: _____

Address: _____

City/State/Zip: _____

Thank you for your generosity and support!