

Donation Form

Please print and fill out our donation form. You may phone, mail or fax it to us. If you have any questions, please do not hesitate to call (845) 294-9975 or email donate@ppmhv.org.

Mail to: Planned Parenthood Mid-Hudson Valley
178 Church Street
Poughkeepsie, NY 12601

Fax to: (845) 294-4112

Name _____

Address _____

City/State/Zip _____

Home Phone _____

I am making a gift of \$_____ via (please check one):

- VISA MASTERCARD American Express Discover
 Check

I want to make this gift (please check one):

- One time Monthly

For credit card please complete the following:

Number _____ Exp. Date _____

Signature _____ Date _____

For monthly donations please complete the following:

- I'd like to become a sustaining partner and make a monthly contribution in the amount of \$_____ per month starting ____/____ and ending ____/____.