

# Monthly Giving Program

## A New Option for Supporting Planned Parenthood Minnesota, North Dakota, South Dakota

Nearly 60,000 women, men, and teens throughout our region rely on Planned Parenthood, day in and day out, as a trusted provider of health care, source for truthful and accurate information, and defender of reproductive health and freedom.

Supporting Planned Parenthood on a monthly basis through the Monthly Giving Program is a simple way to affirm your long-term commitment to everything that Planned Parenthood stands for: courage, dignity, freedom, and truth. Because it requires less administration, monthly giving allows your donation to have an even greater impact.

### **How to Begin Monthly Giving**

Contributing to Planned Parenthood on a monthly basis is easy and secure, and your gift is put to use immediately. You choose the amount of your monthly gift and can change or cancel your tax-deductible donation at any time. You can make a monthly gift through an automatic electronic funds transfer (EFT) from your bank account or by credit card. We'll send you a summary statement at the end of the year showing your total gifts to Planned Parenthood.

**Begin your monthly giving today, and know that your generous support helps Planned Parenthood rise to every challenge before us.**



Planned Parenthood®

Serving Minnesota • North Dakota • South Dakota

**Yes, I would like to support Planned Parenthood with a monthly gift.**

I authorize Planned Parenthood Minnesota, North Dakota, South Dakota to withdraw the amount shown below from my bank account or charge the amount shown to my credit card each month in accordance with the terms below.

AMOUNT PER MONTH: \$ \_\_\_\_\_

My Name (*please print*): \_\_\_\_\_

My Phone: \_\_\_\_\_

My Address (*please print*): \_\_\_\_\_

My Email Address: \_\_\_\_\_

*Please print your name as you would like it to appear on our donor list:*

**Please make monthly withdrawals from my (check one):**

- Checking Account (I have enclosed a blank voided check.)  
 Savings Account (I have enclosed a savings account withdrawal form.)

*Please enclose a check for the first month's gift.*

**Please charge my credit card each month.**

*Your card will be charged on the 15th day of each month or the closest business day thereto.*

**CREDIT CARD INFORMATION**

Type of card:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Thank you!**

Your monthly donation will continue until you notify us otherwise. You may change the amount of your contribution or cancel your monthly gift at any time by notifying:

Planned Parenthood Minnesota, North Dakota, South Dakota  
Development Department  
1200 Lagoon Avenue  
Minneapolis, MN 55408

Or by calling the Development Department at 612-821-6190.

[www.ppmns.org/waystogive](http://www.ppmns.org/waystogive)