

Donation Form

Planned Parenthood Minnesota, South Dakota, North Dakota provides trusted, effective health care, education, and advocacy to women, men and teens. But we can not do it without you. Your contribution will transform lives.

I would like to make a gift of:

- \$500
 \$250
 \$100
 \$50
 \$35
 Other \$ _____

I would like to make this gift every month. By choosing this option, you authorize Planned Parenthood Minnesota, North Dakota, South Dakota to charge your credit card each month. You may change or cancel your monthly donation at any time. We'll send you a summary statement at the end of the year showing your total gifts.

Payment information:

- check enclosed
 charge my:
 Visa MasterCard AmEx

Cardholder's Name: _____

Credit Card Number: _____

Credit Card Expiration: _____

Contact information:

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Email: _____

Additional Information: Is there anything you would like to tell us about your gift?

_____**Please mail this form with your donation to our Development Office at:**

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