

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

I want to support Planned Parenthood of Nassau County! Enclosed is my tax deductible contribution of: \$_____

My check is enclosed. (Please make your check payable to PPNCF.)

Please charge my:

Visa Mastercard American Express Discover

Account Number: _____

Expiration Date: _____

Name on Card (please print): _____

Signature: _____

This is a tribute gift:

In honor of: _____

-OR-

In memory of: _____

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the card to be signed? _____

Please send me information about becoming a Legacy for Choice member by including Planned Parenthood in my will.

I would like to become a PPNC advocate and receive email action alerts (your email information will not be shared with any other organization). Email: _____

I have enclosed my company's matching gift form.

Thank you for your support. Your contribution is tax-deductible.