

Please print this form and mail to: **Planned Parenthood Columbia Willamette**
3727 NE Martin Luther King Jr. Blvd., Portland, OR 97212

CHECKING

Please debit this account:

Bank Name: _____ Branch Name: _____

City: _____ State: _____ Zip: _____

Transit / ABA Number: _____

Account #: _____ Account Type: _____

Please enclose a voided check for the above account.

CREDIT CARD:

Visa Mastercard

Card #: _____ Exp. Date: _____

I/we hereby authorize Planned Parenthood to initiate debit entries to my/our account indicated above, and to said debit account on the 5th of every month for the amount of \$ _____

I/we authorize the first debit to commence on the 5th of every month following the date indicated below. This authority is to remain in full force and effect until Planned Parenthood receives written notice from me/us of termination, at least 30 days in advance of termination.

Name(s): _____

Address: _____

City/State/Zip: _____

Home phone: _____ E-mail address: _____

Signature(s): _____

Thank you for your generosity and support!