



Please print this form and mail to: Planned Parenthood of the Columbia/Willamette  
3231 SE 50<sup>th</sup> Ave., Portland, OR 97206

\* = *required information*

**Enclosed is a contribution to support the work of PPCW.**

\*Contribution Amount: \$ \_\_\_\_\_

My check, made payable to **Planned Parenthood of the Columbia/Willamette**, is enclosed.

Please charge my credit card:  VISA  Mastercard

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

My contribution qualifies for a matching gift from \_\_\_\_\_  
(please enclose the company's matching gift form)

Donor Contact Information:

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City/State/Zip: \_\_\_\_\_

\* Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This gift is:

in honor of  in memory of  to celebrate: Name: \_\_\_\_\_

Please send notification to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Thank you for your generosity and support!**