



**Support us in confidence. With confidence.**

Please accept my: (select one)

\_\_ One-time Donation of:  
\_\_\_ \$25      \_\_\_ \$75      \_\_\_ \$150      \_\_\_ \$300    \_\_\_ Other \$ \_\_\_\_\_

\_\_ Monthly Donation of:  
\_\_\_ \$5 per month    \_\_\_ \$10 per month    \_\_\_ \$15 per month  
\_\_\_ \$20 per month    \_\_\_ Other Amount \$ \_\_\_\_\_ per month

(Your monthly gift will occur on an ongoing basis until you request to cancel.)

**Payment Information:**

\_\_ My check for \$ \_\_\_\_\_ is enclosed.  
(Make checks payable to Planned Parenthood of Western New York or PPWNY)

\_\_ Please charge \$ \_\_\_\_\_ to my:  Visa     MasterCard     American Express     Discover  
Account # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

**Honor or Memorial Gift Information:**

\_\_ This gift is in \_\_\_ Honor of or \_\_\_ Memory of:  
Name: \_\_\_\_\_

Please notify the following person(s) of this gift:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_  
(please print name as you would like it to appear in our Annual Report)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_ I would like my gift to remain anonymous.  
\_\_ I have included Planned Parenthood of Western New York in my will.  
\_\_ My company will match my gift. The form is enclosed.

**Please print this form, then mail completed form to:**

**Planned Parenthood of Western New York  
Attn: Development Department  
2697 Main Street, Buffalo, NY 14214**