

Monthly Donation Form

We are grateful for your monthly contributions supporting our low- to no-cost reproductive high-quality health care services, medically accurate, age-appropriate sexuality education programs and advocacy work. Please print and complete this donation form and return it by fax or mail to:

Planned Parenthood: Shasta-Diablo
Attn: Development Department
2185 Pacheco Street
Concord, CA 94520
925.676.2814 (Fax)

Donations may be cancelled at any time by contacting the Development Department at 925.676.0505 or info@ppshastadiablo.org.

Please check here if you wish to be listed as anonymous.

Enclosed is my monthly gift of:

\$35 \$50 \$100 \$250 \$500 \$1,000 Other \$_____

I will make my contribution: in monthly payments of \$ _____

Payment Information

I will make my payments by check payable to PPSD Please charge my: Visa MasterCard

Credit card number _____ Expiration date _____

Name as it appears on card _____

Billing zip code _____

Signature _____

Contact Information

Name _____

Address _____

City, State & Zip Code _____

Daytime Phone _____

Email Address _____

Gifts of \$250 or more are listed in Planned Parenthood: Shasta-Diablo's Annual Report.
And, did you know you can increase your monthly donations with a matching gift? For more information, contact your company's human resources department to find out and obtain their matching gift procedures.

Thank you for your support!