

You've made an intelligent and compassionate choice to contribute towards insuring the availability of family planning, safe reproductive health care and responsible sexuality education in Southern New Jersey. We thank you for your donation and support of the vital services we provide.

Please print and return this completed form by fax or mail to:

Planned Parenthood of Southern New Jersey
317 Broadway
Camden, NJ 08103
Attn: Development Department
856-365-3519 x225 856-365-9215 (Fax) www.ppsnj.org

<input type="checkbox"/> Protector:	\$5000 & Above	<input type="checkbox"/> Advocate:	\$250 - \$499
<input type="checkbox"/> Sustainer:	\$1000 - \$4,999	<input type="checkbox"/> Contributor:	\$100 - \$249
<input type="checkbox"/> Benefactor:	\$500 - \$999	<input type="checkbox"/> Friend:	\$1 - \$100

- Enclosed is a check in the amount of \$_____ made payable to PPSNJ
- Please charge my gift to my credit card for the amount of \$_____ one time only
- OR \$_____ per month
- MasterCard VISA

Card Number _____ Exp. Date _____

Signature _____

Donor Information (please print or type)

Name _____

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City _____ State _____ Zip _____

Phone _____ Email _____

- I wish to remain anonymous***

A Tribute Gift is a meaningful way to celebrate someone special in your life.

My gift is in honor of: in memory of:

Name _____ Occasion _____

Acknowledgement to _____

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Your gift is greatly appreciated. All contributions are tax deductible to the extent allowed by law.