



YES! I want to support Planned Parenthood of Illinois today. My contribution is enclosed.

Name: _____

Address: _____

City: _____

State: _____

Postal Code: _____

E-Mail: _____

Phone Number: _____

I would like to make a contribution to PPIL using:

Check Credit Card Cash

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Please complete the above information and mail to:

**Planned Parenthood of Illinois
Attn: Development Department
18 S. Michigan Avenue, 6th Floor
Chicago, IL 60603
312-592-6800**