Planned Parenthood® of Montana

Please print this form and mail your gift to:

**Planned Parenthood of Montana**
**Development Department**
**219 East Main**
**Missoula, MT 59802**

*** = required information**

I would like to give to: * (Please make a selection. If more that one box is checked, your gift will be evenly divided between your selections.)

☐ Annual Fund ☐ Lore's Fund ☐Sarah's Circle

Donation Amount* $_____

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☐ Check or Money Order (made out to PPMT)

☐ Credit Card (please enter information below)

☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Credit Card Number_____ Exp. Date _____

Signature:_____