

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one box:

I want to join PPNC's Monthly Giving Program. Please charge my monthly gift in the amount specified below (minimum of \$5) to my debit or credit card at the end of each month.

I want to make a one-time contribution to Planned Parenthood of Nassau County (PPNC).

\$1,000     \$500     \$100     \$50     \$35     Other: \$ \_\_\_\_\_

Please make your check payable to PPNC, or charge your contribution to:

Visa     MasterCard     American Express     Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Billing Address if different than above: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

This is a tribute gift:

In honor of: \_\_\_\_\_

-OR-

In memory of: \_\_\_\_\_

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_

***You can also give online at [www.ppnc.org/donate](http://www.ppnc.org/donate). Be sure to designate your gift to Planned Parenthood of Nassau County to ensure that 100% of your donation benefits the people in your local community.***

Call 516-750-2663 or go to [www.ppnc.org](http://www.ppnc.org) for information on other giving options:

- Corporate matching gift program
- Bequests and planned gifts
- Donate your car or boat
- Gifts in memoriam or in honor of
- Gifts of stock

***Thank you for your support! Your contribution is tax-deductible.***