



Planned Parenthood of Southwestern Oregon

# DONATION FORM

## Donor Information

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Would you like to receive our monthly email newsletter? Yes  No

## Donation

\$25     \$50     \$100     \$500     Other: \$ \_\_\_\_\_

### Payment Options

Check enclosed

Visa

MasterCard

Discover

American Express

Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_    Signature: \_\_\_\_\_

Monthly Donation: \_\_\_\_\_

Bank account withdrawal or ACH (Please attach voided check)

Credit Card

## Other Details

I would like my donation to be in honor/memory of: \_\_\_\_\_

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

I/we prefer to donate anonymously.

Please send information about including PPSO in my estate plan.

**Mail to:** c/o Development Department  
Planned Parenthood of Southwestern Oregon  
3579 Franklin Blvd  
Eugene, OR 97403

**Questions:** [development@ppsworegon.org](mailto:development@ppsworegon.org)  
(541) 246-1040  
(541) 246-1019