

DONATION FORM

Your generous donation allows Planned Parenthood Mar Monte (PPMM) to serve over 280,000 people annually at our 35 health centers and through our education and outreach programs in 42 counties throughout mid-California and Northern Nevada. You make it possible for us to deliver on our mission to ensure that every individual has the knowledge, opportunity, and freedom to make every child a wanted child and every family a healthy family. We are grateful for your support.

Please print and return completed form to us via mail or email:

Mail:
Planned Parenthood Mar Monte
Attn: Development Department
1605 The Alameda
San Jose, CA 95126

Phone:
(408) 795-3780

Email:
development@ppmarmonte.org

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Yes, I would like to receive periodic email updates and communications from Planned Parenthood Mar Monte.

Yes, I would like to learn how I can include PPMM in my will or trust.

Donation

Contribution Amount: \$ _____

I wish to be recognized as: _____

or

I wish to remain anonymous

This contribution is given (check one): One-time only I want to make this contribution monthly!

Payment Method

Credit Card

Check Enclosed

Name as it appears on the card: _____

Card number: _____ Expiration Date: _____ V-Code: _____

(3 Digit Security Code)

Signature: _____ Date: _____

Signature required for all credit card donations.

Thank you for supporting Planned Parenthood Mar Monte.

Planned Parenthood Mar Monte is a 501(c)(3) non-profit organization. Your gift is tax deductible to the extent allowed by law. No goods or services were provided to you by Planned Parenthood Mar Monte in consideration, in whole or in part, for the above described contribution.