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| **$** |

**I/We are pleased to give/pledge/recommend**

This gift is made in the belief that the work of Planned Parenthood Columbia Willamette is essential for the health and well-being of our community.

**Donor Information:**

|  |  |  |
| --- | --- | --- |
| Name/Contact: |  |  |
| Foundation/DAF: |  |
| Address: |  |  |
| City: |  |  |
| State: |  | Zip: |  |
| Phone: |  |  |
| Email: |  |  |

* Please keep this gift anonymous

**Gift Designation:** Please check all that apply and specify what percent of gift

* The S.E. Portland Health Center project \_\_\_\_\_\_\_\_\_%
* The Education Endowment for PPCW invested with the Oregon Community Foundation \_\_\_\_\_%
* Campaign costs \_\_\_\_\_\_\_\_\_%
* Where the campaign needs it most \_\_\_\_\_\_\_\_\_%

**Payment Method:**

Please make checks, corporate matches, and stock transfers payable to PPCW

at 3727 NE Martin Luther King, Jr. Blvd., Portland, OR 97212

* Cash/Check
* VISA or MasterCard:

|  |  |  |  |
| --- | --- | --- | --- |
| Account #: |  | Expiration Date |  / / |
| CSV: |  | Signature: |  |

* Electronic Transfer
* Online at [www.plannedparenthood.org](http://www.plannedparenthood.org) (Please click on Donate and select PPCW under the Specific Giving tab’s “Organization” drop down menu)
* Stock (Fill out stock form for your broker)

(over)

**Gift Fulfillment:**

* Outright gift by \_\_\_\_/\_\_\_/\_\_\_\_\_ (date)
* Payments of $\_\_\_\_\_\_\_\_\_\_\_\_ monthly/quarterly/annually (circle one)
	+ For annual payments: in which month can we expect your payment (or process your credit card, if applicable)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly credit card payments will be processed on the 1st of each month; quarterly payments on the 1st of March, June, September and December; annual payments on the 1st of the month listed above.

**Tribute:**

|  |  |  |
| --- | --- | --- |
| In Memory of: |  |  |
| In Honor of: |  |  |

**Matching Gift:**

|  |  |
| --- | --- |
| This gift will be matched by my employer: |  |

* I/we understand that this agreement is intended to be binding and enforceable against me/us and my/our estate, heirs, successors and assigns.
* I/we will recommend my Donor Advised Fund to make this gift.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_/\_\_/\_\_\_\_

Donor Signature(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_/\_\_/\_\_\_\_

Donor Signature(s)

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Anne J. Udall, President and CEO, PPCW

**Thank you for your generosity.**

*PPCW is a 501c3 organization. Our tax ID # is 93-6031270. This gift may be tax-deductible. Please contact your financial professional before making a gift or pledge.*

*The Donor agrees to allow PPCW and PPFA to recognize this gift in publications and at events unless anonymity is specified.*



3727 NE Martin Luther King Jr., Blvd. | Portland, Oregon 97212 | Kim Thompson, 503-280-6157