



# Story Form

Your story will help ensure that we will continue to be there for the women, men, and teens who rely on Planned Parenthood for birth control, prenatal care, abortion, cancer screenings, STD testing, comprehensive sex education and legislative advocacy.

With politicians determined to take away women’s access to quality, affordable health care, it’s never been more important to share your story and show that Planned Parenthood is a vital organization in your community. Share your story to show that you have the right to health care without political interference and regardless of anyone’s religious beliefs.

**IMPORTANT INFORMATION:** Please keep in mind that your story will appear on Planned Parenthood websites, brochures, and other written material with your first name, last name, age, city and state of your residence; and that information other than your name can identify you, such as unusual details about yourself or others. Please refrain from identifying any other individuals when telling your story.

**Sharing your story is totally up to you.** Planned Parenthood provides the same quality health care to all, whether or not they share a personal story.

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Please Print Full Name

City and State of Residence

**Have you ever received services and/or do you plan to receive services at Planned Parenthood?**

*Please check all that apply:*

- Birth Control
- Well-Woman
- Education
- Affordable Care
- Other
- STD Testing
- Cancer Screening
- Abortion Services
- LGBTQ

**Share your story here.**

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Continue on reverse.



**Permissions (Please check to share your story)**

- I confirm that I have written this submission myself. If my story includes details about anyone else, I confirm that I have permission to share such details.

I hereby give Planned Parenthood Federation of America, Inc. (PPFA) and any other Planned Parenthood entity (collectively, "Planned Parenthood") permission to use my submission or any portion of it - including any photos included with my story or that Planned Parenthood took of me on this date - in current or future Planned Parenthood promotional materials and in Planned Parenthood fundraising, advocacy, or media outreach projects and materials. This includes sharing my words and photo publicly with a variety of audiences, media, or publications, including the press, and in multiple media formats, such as on websites and in digital and print. I have permission to share any photos that I submit. I understand that my submission may be used alone or together with other materials, and that Planned Parenthood may shorten or use only part of my submission. Planned Parenthood may also decide not to use my submission.

I understand that if Planned Parenthood decides to share my story, my submission (including photo) may appear along with my first name, last name, age, my city, and my state. Planned Parenthood may share my submission, in whole or in part, without contacting me further; however, Planned Parenthood may also contact me for further details or further authorization or with questions about my submission, and I hereby give Planned Parenthood permission to do so.

I waive any rights and compensation arising from such use, and I release Planned Parenthood from any claims arising from such use.

**I certify that either (Please check one below)**

- I am over 18 years of age and agree to the above.

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Signature of Participant

Date

- I am the parent or guardian of the minor participant named above and I agree to the above on behalf of the minor and myself.

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Signature of Parent or Guardian of the Minor Participant

Date

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Print Name of Parent or Guardian

**More ways to get involved (optional)**

- Yes! Keep me up to date on Planned Parenthood's advocacy work and other opportunities to get involved.
- Yes! I am interested in volunteering with Planned Parenthood!

**Information\***

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DOB

Race/Ethnicity

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E-mail

Cell Phone\*\*

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Address

\*By providing us your contact information, it allows us the opportunity to follow up with you to find out more about your story.

\*\*By providing your cell phone number you agree to receive calls and texts to that number for the above indicated purposes from Planned Parenthood organizations that may be automatically dialed or prerecorded. Msg & data rates may apply. STOP to quit texts.