



DONATE



KEEP WISCONSIN SAFE, HEALTHY AND STRONG BY DONATING TO THESE IMPORTANT SERVICES & PROGRAMS

ENCLOSED IS MY CONTRIBUTION FOR GENERAL SUPPORT:

(For health care and family planning services, sexuality education and community outreach.)

\$25 \$50 \$100 \$250 \$500 Other: \$ _____

I would like to make an additional gift to the Justice Fund: \$ _____

(The Justice Fund helps women in need access abortion services.)

TOTAL CONTRIBUTION \$

PAYMENT OPTIONS

Check enclosed

Visa MasterCard Discover American Express

Card Number: _____

Exp. Date: ____ / ____

Join the Sustainer Society*

Pledge: \$ _____ Monthly Quarterly

Electronic Funds Transfer (EFT)
(\$5 a month minimum. Please attach a voided check.)

Credit Card (\$5 a month minimum.)

EMAIL PLEASE USE MY EMAIL FOR NEWS ALERTS

NAME

ADDRESS

CITY STATE ZIP

PHONE

- I/we prefer to donate anonymously.
- Please send information about including PPWI in my estate plan.

* Your pledge of support through Electronic Funds Transfer (EFT) or your credit card creates a solid foundation for our work every day of the year. Once enrolled, you will be contacted once a year to see if you wish to increase or discontinue your giving. Enrollment in the program can be cancelled at any time by contacting PPWI in writing.

Mail to: c/o Development Department
Planned Parenthood of Wisconsin
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Milwaukee, WI 53202

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