



SAFE HEALTHY STRONG

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)
(\$10 a month minimum. Please attach a voided check.)

Credit Card (\$10 a month minimum.)

* 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.

EMAIL PLEASE USE MY EMAIL FOR NEWS ALERTS

NAME

ADDRESS

CITY STATE ZIP

PHONE

Mail to: c/o Development Department
Planned Parenthood of Wisconsin
302N. Jackson Street
Milwaukee, WI 53202

Questions: Development@ppwi.org
414-289-3747
(toll free) 800-472-2703 ext.3747
(fax) 414-271-3975

I/we prefer to donate anonymously.

Please send information about including PPWI in my estate plan.



WORKING FOR A HEALTHY WISCONSIN