

## **DONATION FORM**

Please accept my gift of \$ Please sign me up to be a VIP donor with recurring monthly gifts of \$				
Name				
Address				
City	State		Zip	
Email	Phone			
☐ My check is enclosed payable to Pl	anned Parenthood Gulf C	Coast		
□ Please charge my credit card	□ Visa □ MasterCard	□AMEX	□ Discover	
Card #	Security #		Exp. Date	
Signature	,			
This gift is in honor/memory of:(please circle one)				
Please send acknowledgement of this l				
Name				
<u>Address</u> City	State		Zip	
Please list my name in Planned Parenth	ood publications as:			
I would like this gift to be anonymous.		□ Yes	□No	
Do you or your spouse work for a matching company?		□ Yes	□No	
Have you already or would you like to estate planning?	include PPGC in your	□ Yes	□No	

## Please mail the complete form to:

4600 Gulf Freeway, Houston, TX 77023

You may also donate online at:

www.ppgulfcoast.org/donate

For questions, please call 713.831.6505 or email giving@ppgulfcoast.org