

President's Circle members contribute at least \$1,000 annually, and are counted as Planned Parenthood's most loyal supporters:

- Exclusive Invitations. Celebrate Planned Parenthood's mission at the **President's Circle Luncheon** and other events.
- Tune in. Participate in **Leadership Briefing Calls**, nation-wide conference calls, with updates on what is happening across the country.
- Keep up locally. Receive PPIL's **newsletter, Choice Words**, with the latest news on Planned Parenthood's local activities.
- Be the first to know. Join our exclusive President's Circle **Facebook group** and gain access to special content from our national office.

**Thank you for
supporting
Planned
Parenthood!**

Please note that your contribution will be shared with Planned Parenthood Federation of America and is tax-deductible to the fullest extent allowable by law. IRS regulations require us to state that Planned Parenthood of Illinois did not provide any goods or services in consideration of this contribution.

DONOR INFORMATION

Name _____

Preferred Listing _____

☐ I/we wish for this gift to be anonymous

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Yes! I'd like to partner with Planned Parenthood of Illinois. Together we will ensure that every person has equitable access to health services and the information they need to lead their best, healthiest lives. I am sending a tax-deductible contribution in the amount of:

☐ \$1,000 ☐ \$5,000 ☐ Other \$ _____

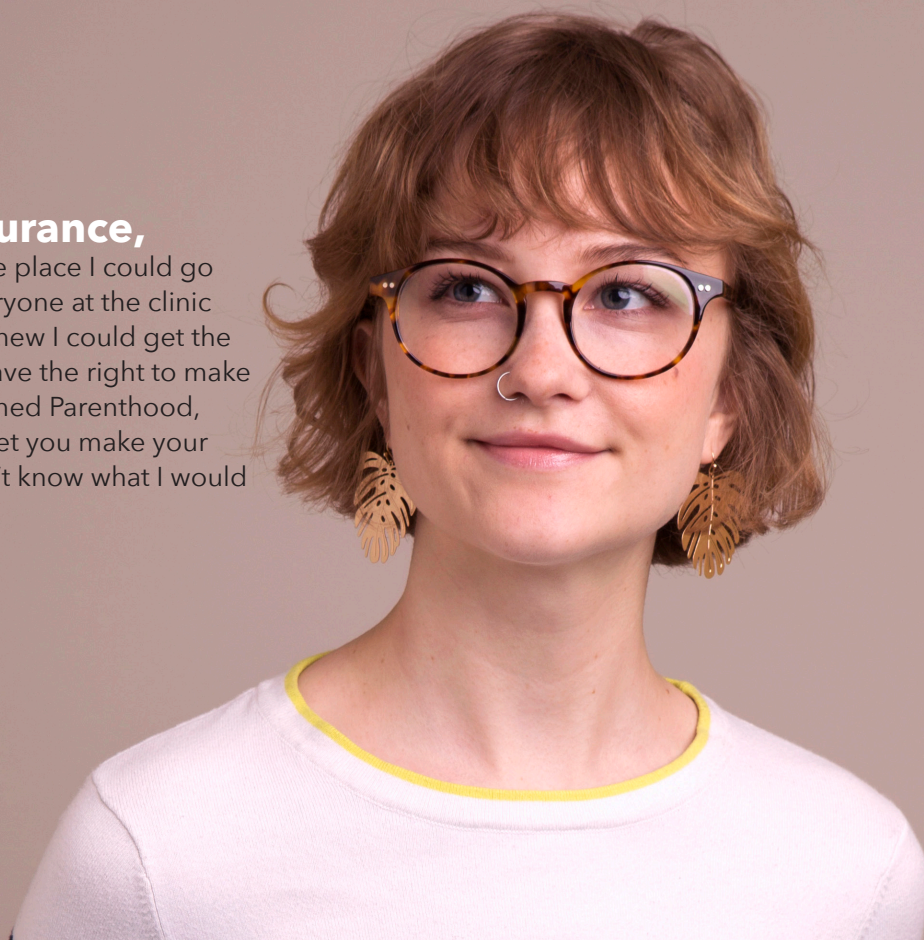
(Please see reverse side for payment methods)

☐ My employer will match my gift

☐ I have included Planned Parenthood in my estate plans

☐ Please contact me about Planned Giving opportunities

**“When I was young,
and didn’t have insurance,**
Planned Parenthood was the one place I could go
to receive basic health care. Everyone at the clinic
was kind and welcoming and I knew I could get the
care I needed. No one should have the right to make
health decisions for you. At Planned Parenthood,
they put your interests first and let you make your
own health care decisions. I don’t know what I would
have done without them.
– Stefanie, PPIL patient”



PAYMENT INFORMATION

Gift Amount: ☐ \$1,000 ☐ \$5,000 ☐ Other \$ _____

☐ Enclosed is a check made payable to Planned Parenthood of Illinois

☐ I have made a gift of stock:

The Northern Trust Company Participant #2669

Account #44-70617 c/o Matthew Jacoby - mjj8@ntrs.com

Please charge my Credit Card:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account # _____

Exp. Date _____ CVW Code _____

Name _____