

# GIVING TO PLANNED PARENTHOOD OF TENNESSEE & NORTH MISSISSIPPI

I would like to support the following area(s), with the amount indicated for each:

\$ \_\_\_\_\_ **Planned Parenthood of Tennessee and North Mississippi**  
Our 501c3, Planned Parenthood of Tennessee and North Mississippi, is the services arm of PPTNM and provides high-quality, nonjudgmental sexual health care, honest and accurate sex education and reproductive health and rights advocacy. Giving to the 501c3 supports our mission. Gifts to the 501c3 are tax deductible and donors can remain anonymous.

\$ \_\_\_\_\_ **Tennessee Advocates for Planned Parenthood**  
Our 501c4, Tennessee Advocates for Planned Parenthood, is the social welfare and action arm of PPTNM. Giving to the 501c4 supports political lobbying, including ballot initiatives. Gifts to the 501c4 are NOT tax deductible but donors can remain anonymous.

\$ \_\_\_\_\_ **Planned Parenthood Tennessee Action Fund**  
Our PAC, Planned Parenthood Tennessee Action Fund, is our political action committee. Giving to the PAC supports unlimited electoral activity. Gifts to the PAC are NOT tax deductible and donors CANNOT remain anonymous.

\$ \_\_\_\_\_ **TOTAL GIFT**

## Ways to give:

Check: Make payable to PPTNM, TAPP, or PPTNAF, whichever is applicable

Credit:  Visa  MasterCard  American Express  Discover

\$ \_\_\_\_\_ one-time charge

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months

\$ \_\_\_\_\_ per month until further notice

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CWV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

My company has a matching gift program: (company name & contact information)

\_\_\_\_\_

I have already included Planned Parenthood in my estate plans.

Yes! I would like to receive information about including Planned Parenthood in my estate plans.

## Your contact information:

Name: \_\_\_\_\_

Remain Anonymous

Address ( Home  Business): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Occupation and employer required by law for TAPP and PPTNAF gifts over \$100*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_