



Planned Parenthood of Southwestern Oregon

DONATION FORM

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Donation

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

Payment Options

Check enclosed

Visa

MasterCard

Discover

American Express

Name as it appears on the card: _____

Card Number: _____

Expiration Date: ___ / ___ Signature: _____

Monthly Donation: _____

Bank account withdrawal or ACH (Please attach voided check)

Credit Card

Other Details

I would like my donation to be in honor/memory of: _____

Mailing Address: _____

I/we prefer to donate anonymously.

Please send information about including PPSO in my estate plan.

Mail to: c/o Development Department
Planned Parenthood of Southwestern Oregon
3579 Franklin Blvd
Eugene, OR 97403

Questions: development@ppsworegon.org
(541) 344-2632 x8802