



Mail-In Donation Form

Mail this completed form, along with your check or money order (if applicable), to Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana, and Kentucky. Thank you for your gift!

Donation Amount* \$ _____

First Name* _____

Last Name* _____

Address* _____ Apt. _____

City* _____ State* _____ Zip Code* _____

Phone Number _____

E-mail _____

Yes, I would like to receive email from Planned Parenthood.

* Required Field

Payment Information

My check or money order is enclosed. Make checks or money orders out to "PPGNHAIK".

My credit card information is below:

American Express Discover MasterCard Visa

Credit Card Number _____

Exp. Date _____

Signature _____

Please mail your gift to:
PPGNHAIK – FUNDRAISING
MS 313641
PO Box 3641
Seattle, WA 98124-3641

Please know that your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution.