

Share Your Story

Your stories will help ensure that we will continue to be there for the people who rely on Planned Parenthood for health care, comprehensive sex education and legislative advocacy. With politicians determined to take away people's access to quality, affordable health care, it's never been more important to share your story and show that Planned Parenthood is a vital organization in your community. Share your story to show that you have the right to health care without political interference, and regardless of anyone's religious beliefs.



IMPORTANT INFORMATION: Please keep in mind that your story may appear on Planned Parenthood websites, brochures, and other written material with your name, last initial, and city and state of your residence; and that information other than your name can identify you, such as unusual details about yourself or others. Please refrain from identifying any other individuals when telling your story. **Sharing your story is totally up to you.** Planned Parenthood provides the same quality health care to all, whether or not they share a personal story.

Please Print Full Name*:

Name

City/State of Residence

Date

Additional Information (optional)*:

Address

Email**

Cell Phone***

Date of Birth

* By providing your information, you agree that we can use and disclose it in the same manner as information collected online, pursuant to our online privacy policy, plannedparenthood.org/privacy.

** By providing my email I agree to receive email updates from Planned Parenthood organizations. I may unsubscribe at any time.

** By providing my cell phone number I agree to receive calls and texts to that number from Planned Parenthood organizations that may be automatically dialed or prerecorded on Planned Parenthood issues and other ways to get involved. Msg freq varies. STOP to quit. Msg & data rates may apply. Terms: ppaction.org/termsc3

Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian or white | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Latinx | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Middle Eastern | |

What services have you received and/or will you plan to receive services at Planned Parenthood? Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Birth Control | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> STI Testing | <input type="checkbox"/> Gender Affirming Care |
| <input type="checkbox"/> Annual Exam | <input type="checkbox"/> HIV Care or PEP/PrEP |
| <input type="checkbox"/> Cancer Screening | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> Education | <input type="checkbox"/> Free or Discounted Services |
| <input type="checkbox"/> Abortion Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Affordable Care (ACA) | |

Yes! I am interested in volunteering with Planned Parenthood!

Permissions (please check to share your story):

Yes: I give permission to Planned Parenthood Federation of America and any other Planned Parenthood organizations ("Planned Parenthood") to use my story, or any portion of it, in any manner or media for any lawful purpose whatsoever. I confirm that I have written the story myself, and I release Planned Parenthood from any liability arising out of the use of my story. I give permission to Planned Parenthood to publish my first name, last initial, and city and state of my residence with my story.¹ I also give permission to Planned Parenthood to use any photos I have provided them or any photo they took of me on this date. I give permission to Planned Parenthood public affairs staff to contact me about my story using the contact information I have provided on this page.

I certify that either (please check one below):

- | | |
|--|---|
| <input type="checkbox"/> I am over 18 years of age and agree to the statement above. | <input type="checkbox"/> I am the parent or guardian of the minor participant named on the left and I agree to the statement above on behalf of the minor and myself. |
|--|---|

Signature of Participant

Signature of Parent/Guardian

or

Print Full Name

Print Full Name of Parent/Guardian

Date

Date

¹ NOTE: We cannot guarantee anonymity if you submit this form. While Planned Parenthood would never voluntarily disregard your desire to remain anonymous, we could be forced to disclose your name in certain circumstances if you submit this form.

My Story:

(Continue story on back)

