



**YES**

I want to stand with Planned Parenthood by making a donation to support the affordable health care that Planned Parenthood provides in the greater Austin community.

Amount of Contribution: \_\_\_\_\_

Enclosed in my check payable to Planned Parenthood

Please charge my:     Visa                       Mastercard     Discover     Amex  
    One-time         Monthly         Quarterly

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**DONOR INFORMATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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