

Enclosed is my tax deductible gift of \$ _____

Please use my gift for:

- Out for Health: Planned Parenthood's LGBT Health & Wellness Program
- Annual Fund (greatest local need)
- Abortion Assistance Fund
- Cervical Cancer Prevention Fund

Name (please print as you would like it to appear in donor listing)

I wish to remain anonymous

Address

City/State/Zip

Email

Phone

Method of Payment:

- Check payable to PPSFL
 - VISA MasterCard Discover
- Card No. _____

Expiration Date _____

Signature

I would like give a Monthly Gift of \$ _____

Your participation in this monthly sustaining program will help us year round. Your gift will be automatically charged to your credit card each month. Please indicate the card number in the space provided above.

My gift is In tribute or In memory of:

Person(s) to be notified of gift:

Address

City/State/Zip

- My company will match my gift. I have enclosed the form.
- Please send me information about bequests and other means of planned giving.
- I have already included PPSFL in my estate plans.

I am most interested in the following PPSFL work:

- LGBT Health & Wellness Services for low-income women Sexuality Education
- Political advocacy Abortion rights Sexual assault services and prevention

Questions? Please call our Development Office at (607) 273-1526. PPSFL is an affiliate of Planned Parenthood Federation of America which raises funds separately from PPSFL. Please return this form to PPSFL 314 W. State St., Ithaca, NY 14850 or fax it to (607) 216-0023.

 **Thank you for your support!**