



DONATION FORM

Please fill out the following information and mail it to:

Development Office
Planned Parenthood of Connecticut
345 Whitney Ave.
New Haven, CT 06511

Donor Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email Address _____

___ Yes, I want to make a gift of \$ _____ to PPC.

Enclosed is a check or money order made out to Planned Parenthood of Connecticut, Inc. or PPC

Please charge my gift to my credit card below

Credit Card Type VISA Master Card American Express Discover

Credit Card Number _____

Expiration Date _____

Cardholder's Signature _____

Cardholder's Name _____

___ This contribution is a gift in memory of: _____

Please notify the following family member that this memorial gift was made:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

No notification is necessary for this gift.

___ This contribution is a gift in tribute to: _____

In honor of: (occasion or reason) _____

Please notify this person that this tribute gift was made at their address below:

Address _____

City _____ State _____ Zip _____

No notification is necessary for this gift.

If you have questions about making your gift, please call the PPC Development Office at 203-865-5158.