



Planned Parenthood®

UNBREAKABLE



I/We are pleased to give/pledge \$ _____

This gift is made in support of the work of Planned Parenthood Columbia Willamette (PPCW) and affirms that PPCW is essential for the health and well-being of Central & Eastern Oregon communities.

Donor Information:

*Name: _____

*Address 1: _____

Address 2: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____

Email: _____

**indicates required field*

Listing:

☐ I give permission for PPCW to list the following name(s) credited to this gift:

☐ Please keep this gift anonymous

Gift Method:

☐ Annual payments of \$ _____ for three (3) years

☐ Planned Gift \$ _____ Percent of estate _____ %

Payment Method:

Please make checks, corporate matches, and stock transfers payable to:
Planned Parenthood Columbia Willamette

☐ Cash/Check

☐ Enclosed

☐ I pledge to mail my gift within ninety (90) days of submitting this form to:

*Planned Parenthood Columbia Willamette
Attn: Development
3727 NE Martin Luther King Jr Blvd
Portland, OR 97212*

☐ Debit/Credit Card

Card Number: _____

Expiration Date: _____ CSV: _____

Cardholder Signature

I/we understand that this agreement is intended to be binding and enforceable against me/us and my/our estate, heirs, successors and assigns.

Donor Signature(s)

Date

Donor Signature(s)

Date

Dr. Sara Kennedy, MD
President & CEO

Date

Thank you for your generosity.

*PPCW is a 501c3 organization. Our tax ID # is 93-6031270. This gift may be tax-deductible.
Please contact your financial professional before making a gift or pledge.*



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3727 NE Martin Luther King Jr., Blvd. Portland, Oregon 97212 | development@ppcw.org