



Planned Parenthood[®]

Orange and San Bernardino Counties

***Yes! I would like to join the Community Support Circle of
Planned Parenthood of Orange and San Bernardino Counties.***

Date:

Name:

Address:

Phone: _____ Email*: _____

*We will send you periodic news updates on issues affecting reproductive health care.

I would like to make a monthly contribution of:

\$10 \$20 \$50 \$84* \$100 Other \$ _____

*\$84 per month or higher qualifies for membership in the President's Council. Members of our President's Council receive a complimentary reception and recognition on our Donor Wall.

Please deduct my pledge on the 15th of each month from my credit card:

Visa Master Card American Express

Credit Card #:

Expiration Date:

Signature:

Would you like to be listed in our Annual Report?

Yes (As name appears above) No (Listed as Anonymous)

Please submit completed form to PPOSBC Development department:

Fax: (714) 516-1591

Address: 700 S. Tustin Street, Orange, CA 92866

Thank you for your support!