

Enclosed is my check made payable to Planned Parenthood Pennsylvania Advocates (or PPPA).

\$35 \$50 \$75 \$100 \$250 Other _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Occupation*: _____

Employer*: _____

**This information is needed if your donation is \$250 or more.*

Yes! I want to support Planned Parenthood Pennsylvania Advocates! I am a US citizen or permanent legal resident. I understand that the first ten dollars of any donation qualifies me for **special annual membership** with PPPA. I also understand that a portion of my donation may go to the Planned Parenthood PA PAC.

I do **NOT** wish to have up to 20% of my donation sent to the PP PA PAC.

Yes! I want to be a part of the Planned Parenthood Action Network!

Email Address: _____

Day Phone: _____ Evening Phone: _____

YOUR CONTRIBUTION OR DUES TO PP PA ADVOCATES ARE NOT TAX DEDUCTIBLE FOR FEDERAL TAX PURPOSES AS A CHARITABLE CONTRIBUTION OR A BUSINESS EXPENSE, AND MAY BE USED FOR POLITICAL PURPOSES SUCH AS SUPPORTING OR OPPOSING CANDIDATES. CORPORATE, UNION, AND ANONYMOUS CONTRIBUTIONS ARE **PROHIBITED**.