



Western Hemisphere Region

**IPPF/WHR Partners for Choice  
Monthly Giving Program  
Enrollment Form**

*Our Partners for Choice provide crucial ongoing support to IPPF/WHR, helping ensure that much needed sexual and reproductive health programs throughout Latin America and the Caribbean continue. Direct payment reduces administrative and processing costs, thereby increasing the effectiveness of your gift.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

*(IPPF/WHR does not make telephone solicitations)*

**YES, I want to become an IPPF/WHR Partner for Choice and make monthly donation of:**

\$15 (\$0.50/day)

\$20 (\$0.66/day)

\$30 (\$1/day)

\$40 (\$1.33/day)

Other

**Payment Options:** *(Please choose one)*

**Automatic Bank Withdrawal**

I authorize my bank to transfer my gift of \$ \_\_\_\_\_ to IPPF/WHR each month.  
(Please endorse a voided check from your account and return it with this signed form)

## Debit or Credit Card

Please charge my gift each month to my

- Visa  
 MasterCard  
 Amex  
 Discover

I authorize IPPF/WHR to charge my gift of \$ \_\_\_\_ to my debit/credit card each month.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name (as it appears on the card) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

This gift is in honor of:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This gift is a memorial to:

Name: \_\_\_\_\_

Please DO NOT share my personal information.

**Please mail this completed form (with an endorsed check if you chose automatic bank withdrawals) to:**

**IPPF/WHR  
120 Wall Street, 9<sup>th</sup> Floor  
New York, NY 10005-3902**

A record of your monthly gift will appear on your bank or credit card statement, and you can immediately increase, decrease, or suspend your giving by calling IPPF/WHR at **212-248-6400** or writing us at [donate@ippfwhr.org](mailto:donate@ippfwhr.org). Your first gift will be transferred in approximately two weeks. At the end of each calendar year you will be sent an acknowledgement letter for your total annual giving. IPPF/WHR is dedicated to ensuring the highest level of security for our donors. Your transaction is safe with us. We are fully committed to protecting your privacy.

International Planned Parenthood Federation/Western Hemisphere Region, Inc. is a tax-exempt 501(c)(3) charitable organization with the largest network of sexual and reproductive health services in the hemisphere. All donations are fully tax deductible. A copy of our latest financial report is available from the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271 or from IPPF/WHR, Inc., 120 Wall Street, 9th Floor, New York, NY 10005.