

818 5th Ave, Suite 200 Des Moines, IA 50309 Non-Profit Organization U.S. Postage PAID

Omaha, NE Permit No. 951

Care. No matter what.®

August 2019

Dear [Salutation],

When Alexis came to Planned Parenthood, she was so nervous she was trembling. She was dealing with something she had never dealt with before and she felt scared and unprepared.

But then, something changed. The nurse sat with her and, human to human, told her it was going to be okay. She offered to stay with Alexis and hold her hand.

And when the doctor came in, she told Alexis, you're safe, you're going to be fine, everything's going to be fine.

Later, Alexis told us this visit was the warmest experience she'd ever had in a health care setting. Through tears, she said how grateful she was to be able to go to Planned Parenthood. "It was the warmest visit I've ever had with any doctor before. We're so lucky to have Planned Parenthood."

-Alexis, Planned Parenthood patient

Every day, people like Alexis walk into Planned Parenthood health centers needing not just care, but compassionate care. You are the reason we can provide this, for every person, every time, no matter what.

[Salutation], your support makes a real difference for real people. You are the community they count on, especially now as Iowa faces the loss of federal family planning funding. Today, I'm asking you to donate [Ask1] to make sure the next person like Alexis can get the compassionate care they deserve.

Right now, some people in power are trying to make it so patients like Alexis can't get the care they need at places like Planned Parenthood. But you can make sure Planned Parenthood is here for good.

Thank you for the strength of your solidarity and the power of your generosity.

With abundant gratitude,

Erin Davison-Rippey

State Executive Director

Planned Parenthood North Central States

P.S. Your generous gift of [Ask1] will help ensure the people in your community can get expert, compassionate care, no matter what. Will you make a gift today?



YES! I Stand with Planned Parenthood!

[Name]
[Address]
[Address 2]
[City], [ST] [ZIP]

My/our check is enclosed, payable to PPNCS.				
☐ I/we want to be a monthly sustainer. (See reverse.)				
☐ Please charge my credit card. \$				
☐ Visa ☐ MasterCard ☐ American Express	Discover			
Card #:	Exp. date:	/	CVV:	
Name				
Signature:				
Email*:				
*By providing my email address, I agree to receive email updates from at any time. plannedparenthood.org/privacy	Planned Parenthood org	ganization	s. I may unsubscril	be

For more information, to make a gift by phone, or to make a gift of stock, please call **612.821.6190.**If you prefer, you may donate online: **ppncs.org/donate**

I/We would like to become a monthly sustainer.

My/Our monthly gift*: \$	This gift is: In honor of:	: In memory of:		
☐ Credit Card (Please complete information on reverse.) ☐ Checking Account Withdrawal	Please send notification of	this honor/memorial gif	t to:	
Signature: (required for automatic checking withdrawals) OR checking account numbers provided below:	- Name			
	Street Address	City	State	Zip
Routing Number Checking Account Number	☐ I have enclosed a match			

*Your gift will be paid automatically from your checking account or credit card. You may change or cancel at any time.

We will send you a summary statement in January.

We only share our donor list with Planned Parenthood Federation of America. If you do not wish to have your name included in these exchanges, please notify us. Gifts to Planned Parenthood North Central States are tax-deductible to the fullest extent of the law.





671 Vandalia Street, Suite 323 Saint Paul, MN 55114 Non-Profit Organization U.S. Postage **PAID** Omaha, NE

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Sarah Stoesz President and CEO

Planned Parenthood North Central States

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Andi Curry Grubb

State Executive Director

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I want to tell you what happened when I went to Planned Parenthood.

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*Stats based on FY2018 data

Please print your name as you with it to appear:

My gift is enclosed. <i>Please make checks payable</i> to	PPNCS.		
Please charge my credit card. Please charge m	ny credit card for a m	nonthl	y gift \$
Card #:	Exp. date:	/	CVV:
Name			
Signature:			
Cell Phone*:			
Email**:			
Donors of \$500 or more will be acknowledged in the i	next Annual Report.		

Your donation of [Ask1] helps patients like Alexis get the care they deserve.



20,789 patients served in lowa*



42,355 tests for sexually transmitted infections*



40,564 people reached through our sex ed programs*

Planned Giving

☐ I have included Planned Parenthood in my will.

To donate online, go to www.ppncs.org/give or, call us at 612-821-6190. Gifts to Planned Parenthood North Central States are tax deductible to the fullest extent of the law.

*By providing my phone number, I agree to receive calls and texts to this number from Planned Parenthood organizations that may be automatically dialed or prerecorded on Planned Parenthood issues and other ways to get involved. Msg freq varies. STOP to quit. Msg & Data Rates May Apply. plannedparenthood.org/privacy

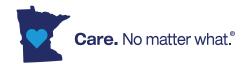
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"I was so nervous I was trembling. But then, the nurse sat with me and told me I was going to be okay."

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*Stats	hased	on	FY20	118	data

Please print your name as you with it to appear:

 My gift is enclosed. Please make checks pay Please charge my credit card. ☐ Please c	
Card #:	Exp. date:
Name	
Signature:	
Cell Phone*:	
Email**:	
Donors of \$500 or more will be acknowledged	d in the next Annual Report.

Your donation
of [Ask1] helps
patients like
Alexis get the
care they deserve.



72,205 patients served in Minnesota*



162,709 tests for sexually transmitted infections*



43,156 people reached through our sex ed programs**

Planned Giving

- ☐ I have included Planned Parenthood in my will.
- ☐ I would like to include Planned Parenthood in my will.

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My gift is enclosed. <i>Please make checks pa</i> Please charge my credit card.	•
Flease charge my credit card Flease	charge my credit card for a monthly glit
Card #:	Exp. date:
Name	
Signature:	
Cell Phone*:	
Email**:	
Donors of \$500 or more will be acknowledge	d in the next Annual Report.

Your donation
of [Ask1] helps
patients like
Alexis get the
care they deserve.



8,495 patients served in Nebraska*



14,922 tests for sexually transmitted infections*



13,709 people reached through our sex ed programs.*

Planned Giving

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Card #:	Exp. date:
Name	
Signature:	
Cell Phone*:	
Email**:	
Donors of \$500 or more will be acknowled	aged in the next Annual Report.

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care they deserve.



2,566 people reached through our sex ed programs**



Nearly **60%** of patients served at the Moorhead health center are North Dakota residents



11,939 tests for sexually transmitted infections at the Moorhead health center*

Planned Giving

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Please charge my credit card.	Please charge my credit card for a monthly gift
Card #:	Exp. date:
Name	
Signature:	
Cell Phone*:	
Email**:	

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1,452 patients served in South Dakota*



1,395 tests for sexually transmitted infections*



661 units of contraceptives provided*

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for your
gift of
postage



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Thank you
for your
gift of
postage



Planned Parenthood North Central States PO Box 4557 Des Moines, IA 50305-4557



YES! I Stand with Planned Parenthood!

[Name]
[Address]
[Address 2]
[City], [ST] [ZIP]

My/our check is enclosed, payable to PPNCS.			
☐ I/we want to be a monthly sustainer. (See reverse.)			
Please charge my credit card. \$			
☐ Visa ☐ MasterCard ☐ American Express	Discover		
Card #:	Exp. date:	/	CCV:
Name			
Signature:			
Email*:			
*By providing my email address, I agree to receive email updates from at any time. plannedparenthood.org/privacy	Planned Parenthood org	anizations	s. I may unsubscribe

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I/We would like to become a monthly sustainer.

My/Our monthly gift*: \$	This gift is:			
☐ Credit Card (Please complete information on reverse.) ☐ Checking Account Withdrawal	Please send notification of this honor/memorial gift to: Name			
Signature: (required for automatic checking withdrawals) OR checking account numbers provided below:				
	Street Address	City	State	Zip
Routing Number Checking Account Number	☐ I have enclosed a matching gift form from my employer. ☐ I/We have included a gift to PPNCS in my/our estate plan(s).			

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