

PPAV Membership Application

PPAV is an organization of Virginians who are joining together and committing resources to protect, maintain, and expand reproductive rights and health care services in Virginia. PPAV relies on financial contributions of our supporters to remain engaged in the fight for reproductive freedom. Benefits of membership include invitations to special events, regular updates via our online advocacy center, and election-related information.

_____ **Yes! I want to help protect reproductive rights and health care services in Virginia.**
Enclosed is my:

- \$ _____ Annual Membership to PPAV
- \$ _____ Special donation to PPAV
- \$ _____ Total amount enclosed

Membership Levels

\$20 Choice Friend
\$50 Choice Advocate
\$100 Choice Supporter
\$350 Choice Club: Freedom Circle
\$500 Choice Club: Defenders Circle
\$1,000 Choice Club: Champions Circle
\$ _____ Other

Method of Payment

_____ Check enclosed (payable to PPAV)

_____ Visa _____ MasterCard

Credit Card # _____

Expiration Date _____

Name as it appears on card _____

Your Information

Name _____

Address _____

City, State, Zip _____

Phone w/ area code: _____

Email _____

Print and send completed form to:

PPAV
PO Box 14791
Richmond, Va. 23221