



Teen Pregnancy & Prevention *Partnership*

Your contribution shows your support of breaking the cycle of teen pregnancy, educating to prevent sexually transmitted infections, and your interest in investing in our youth. Thank you for your support and donation!

Yes! I would like to support the efforts of the Partnership to strengthen policies and training related to the prevention of teen pregnancies and sexually transmitted infections.

Donor's Name: _____

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Donation Amount: \$ _____

The Partnership is a 501(c) (3) organization and your contribution is tax deductible.

Send **checks and money orders** to: Teen Pregnancy and Prevention Partnership
2433 N. Grand
St. Louis, MO 63106

Send **Pay Pal** donations to: ExecutiveDirector@TeenPregnancy-stl.org