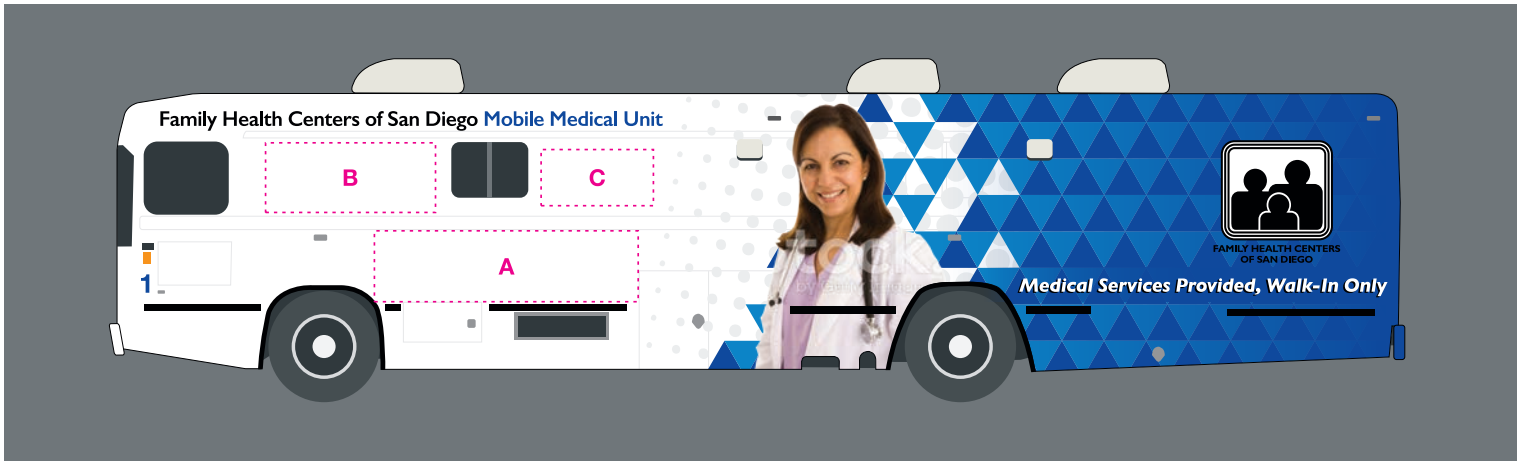
Family Health Centers of San Diego Mobile Medical Unit
B
C
A
1
FAMILY HEALTH CENTERS OF SAN DIEGO
Medical Services Provided, Walk-In Only


Family Health Centers of San Diego Mobile Medical Unit
B
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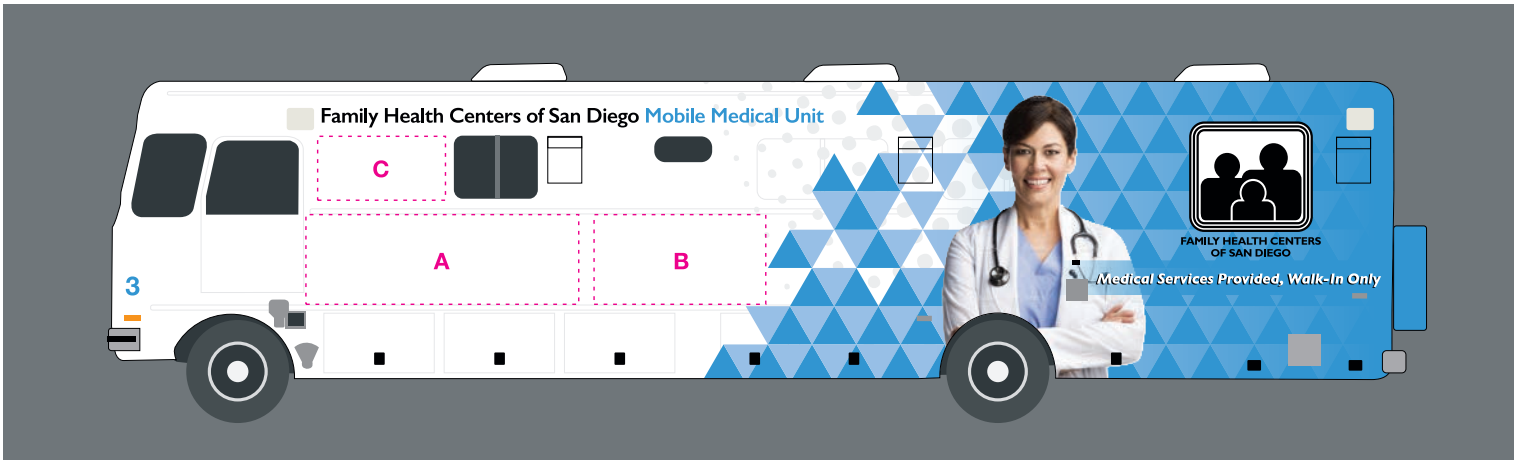
2
FAMILY HEALTH CENTERS OF SAN DIEGO
Medical Services Provided, Walk-In Only


Family Health Centers of San Diego Mobile Medical Unit
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FAMILY HEALTH CENTERS OF SAN DIEGO
Medical Services Provided, Walk-In Only


Mobile Medical Unit
Family Health Centers of San Diego Mobile Medical Unit
B
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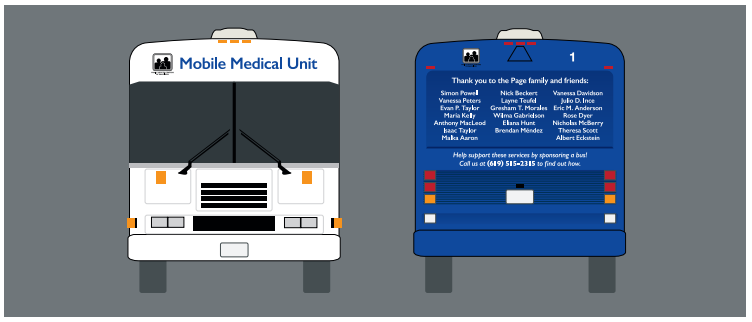
FAMILY HEALTH CENTERS OF SAN DIEGO
Family Health Centers of San Diego Mobile Medical Unit
1


Mobile Medical Unit
1
Thank you to the Page family and friends:
Help support these services by sponsoring a bus!

Family Health Centers of San Diego
Mobile Medical Units Sponsorship Pledge / Payment Form

Company Name: _____

Address: _____

City, St., Zip: _____

Primary Contact Name: _____

Ph: _____ Email: _____

Design Placement

	Position A *Approx 24 Sq ft*	**Position B** *Approx 16 Sq ft*	**Position C** *Approx 10 Sq ft*
MMU 1	**$35,000 ____**	**$25,000 ____**	**$15,000 ___**
MMU 2	**$35,000 ____**	**$25,000 ____**	**$15,000 ___**
MMU 3	**$35,000 ____**	**$25,000 ____**	**$15,000 ___**

Method of Payment:

- o **Check**, made payable to the Family Health Centers of San Diego
- o **Invoice me** (address above)
- o **Credit Card** □ **Entire Amount** □ **Installments** (dates below)

□ Visa □ MasterCard □ American Express

Credit Card #: _____ Exp. date: ___/___/____ 3 Digit Code: _____

Signature: _____ Today's Date: _____

Installments (24 payments maximum)

Amount & Date of 1st payment _____

Monthly payment amount _____

Please complete and return this form to Fund Development, C/o FHCSD

823 Gateway Center Way, San Diego CA 92102 p: (619) 515-2315 e: development_reply@fhcsd.org

THANK YOU!

Donations to Family Health Centers of San Diego are tax-deductible - Tax ID number: 95-2833205 Please consult your tax professional to confirm eligibility of your donation