FAMILY HEALTH CENTERS OF SAN DIEGO

MMU INDIVIDUAL NAMING PROGRAM
RESERVATION / PLEDGE FORM

Name: _____

Address: _____

City, St., Zip: _____

Ph: _____ Email: _____

Name as it will appear: _____

Donation - 3 year duration

- o $1,500

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

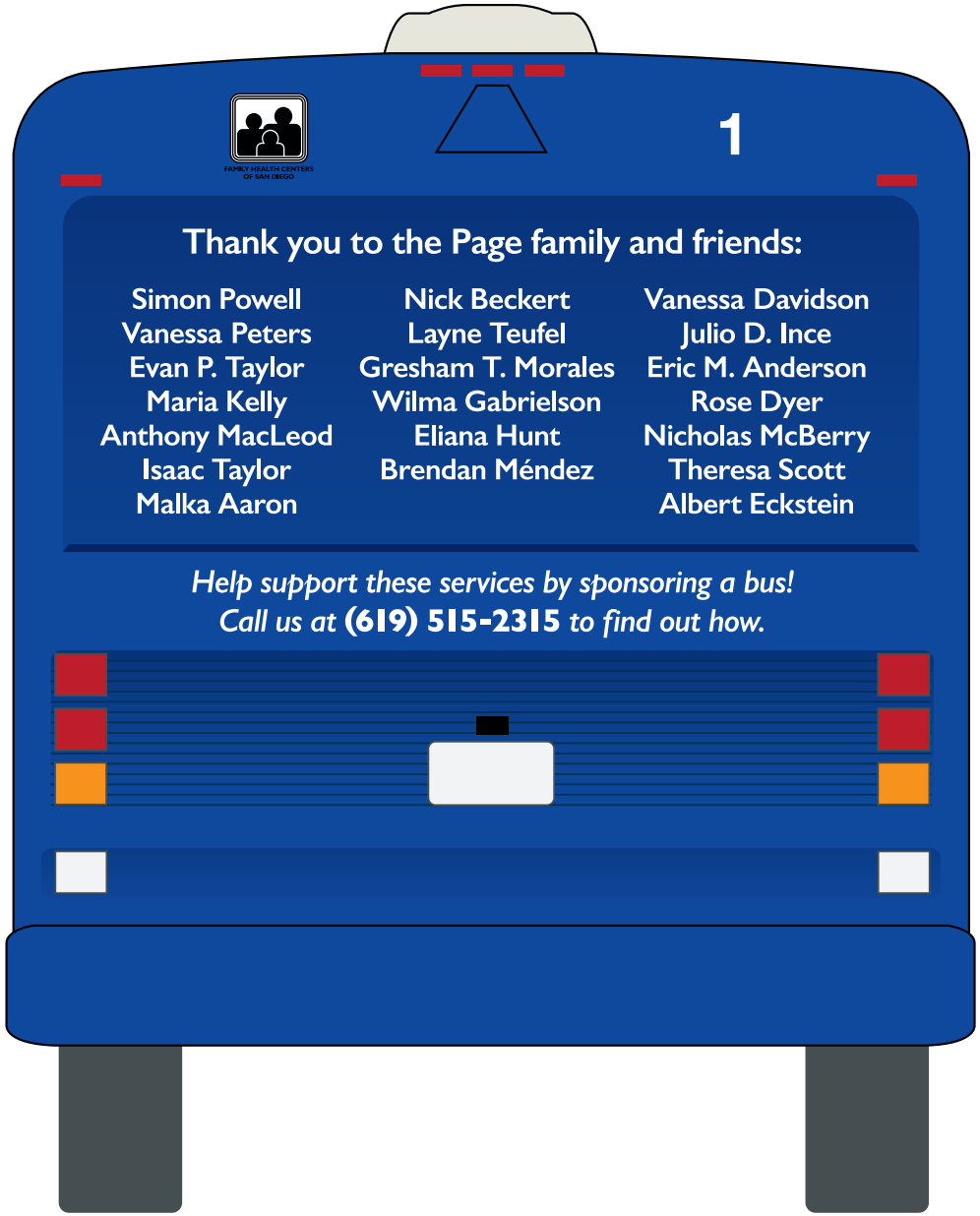
Fund Development, C/o FHCSD

823 Gateway Center Way, San Diego CA 92102

p: (619) 515-2370 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


FAMILY HEALTH CENTERS OF SAN DIEGO
1
Thank you to the Page family and friends:
Simon Powell
Vanessa Peters
Evan P. Taylor
Maria Kelly
Anthony MacLeod
Isaac Taylor
Malka Aaron
Nick Beckert
Layne Teufel
Gresham T. Morales
Wilma Gabrielson
Eliana Hunt
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Vanessa Davidson
Julio D. Ince
Eric M. Anderson
Rose Dyer
Nicholas McBerry
Theresa Scott
Albert Eckstein
Help support these services by sponsoring a bus!
Call us at (619) 515-2315 to find out how.