



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

\$1,500

Method of Payment:

Check, made payable to the Family Health Centers of San Diego

Invoice me (address above)

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
Anthony White, Director of Community & Government Relations, C/o FHCS
823 Gateway Center Way, San Diego CA 92102
p: (619) 515-2370 e: anthonyw@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*



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Thank you to the Page family and friends:

Simon Powell	Nick Beckert	Vanessa Davidson
Vanessa Peters	Layne Teufel	Julio D. Ince
Evan P. Taylor	Gresham T. Morales	Eric M. Anderson
Maria Kelly	Wilma Gabrielson	Rose Dyer
Anthony MacLeod	Eliana Hunt	Nicholas McBerry
Isaac Taylor	Brendan Méndez	Theresa Scott
Malka Aaron		Albert Eckstein

*Help support these services by sponsoring a bus!
Call us at **(619) 515-2315** to find out how.*

