

## RESPONSE CARD

*I would like \_\_\_\_\_ tickets @ \$45 each for \$\_\_\_\_\_ total*

*I would like to be a **Friend of MCHC** for \$100 and receive one ticket and have my name listed in the program  
**OR** include a listing In Honor/Memory of*

*I will not be able to attend, but enclosed is my donation of \$\_\_\_\_\_*

*Name \_\_\_\_\_*

*Address \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_*

*Phone \_\_\_\_\_ Email \_\_\_\_\_*

*Please make checks payable to:*

***Maternal and Child Health Consortium "MCHC"***  
***30 West Barnard Street; Suite 1, West Chester, PA 19382***

*MCHC is a registered charitable organization.  
A copy of the official registration and financial information may be obtained from the  
Pennsylvania Department of State by calling toll free 1-800-732-0999. Registration does not imply endorsement.*