

Response Card

I would like _____ tickets @ \$35 each for \$ _____ total

I would like to be a **Friend of MCHC** for \$75 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

Tickets will be held at the door

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.