

Yes, I want to support the Center for a Healthy Maryland!

Name _____	
Address _____	
Phone _____	E-mail _____

1. Please select one of the following DONATION TYPES for this contribution:

1. One-time contribution
2. Annual contribution
3. Memorial contribution in honor of _____
4. Other _____

2. Please select a DONATION AMOUNT: \$50 \$100 \$250 \$500 Other(\$ _____)

Please check here if you **DO NOT** want your donation publicly acknowledged.

3. Please select one of the following DONATION DESIGNATIONS:

1. Designate my total contribution to the Center for a Healthy Maryland, Inc., OR
2. Designate my contribution to one or more areas as follows:
\$ _____ CENTER FOR A HEALTHY MARYLAND GENERAL FUND
\$ _____ MARYLAND PHYSICIAN HEALTH PROGRAM
\$ _____ HISTORY OF MARYLAND MEDICINE CAMPAIGN
\$ _____ COMMUNITY HEALTH EDUCATION
\$ _____ **Total Donation**

4. Please select one of the following PAYMENT METHODS:

1. Check *made payable to the Center for a Healthy Maryland*
2. Credit card payment by mail or fax (Amex MC Visa)

Cardholder Name	Card Number	Expiration Date
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3. Credit card payment online at www.healthymaryland.org

5. Please contact me about establishing a bequest to the Center for a Healthy Maryland.

Center for a Healthy Maryland, Inc.
1211 Cathedral Street • Baltimore, MD 21201 • Phone: 800.492.1056 • Fax: 410.649.4131
www.healthymaryland.org

THANK YOU FOR YOUR SUPPORT!

Contributions to the Center are tax deductible to the extent provided by law.