

**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](http://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](http://www.healthymaryland.org)

**THANK YOU FOR YOUR SUPPORT!**

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