



MAKE A DONATION TODAY

Please print and mail this form with your donation to:

PHMC's Mary Howard Health Center
260 South Broad Street Philadelphia, PA 19102
215.985.2500

First Name: _____

Last Name: _____

Address _____

City _____ State _____

Zip Code _____

Phone (home): _____ Phone (work): _____

**Please make check payable to:
Mary Howard Health Center**

Amount Enclosed: _____