

Making a Difference Together for Those Who Need Us Most

YES! I would like to help make a difference in the lives of women and children served by MFHS.

Name: _____ Telephone: _____

Company/Organization: _____ Fax: _____

Address: _____ E-mail: _____

City, State, Zip: _____

Please accept my tax-deductible gift of:

\$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ Other \$ _____

Every gift makes a difference!

*Enclosed is my **check** made payable to MFHS.*

*Please charge my **credit card**.*

Visa

MasterCard

Discover

American Express

Name on card: _____

Card Number: _____

Billing Address: _____

Expires: ____/____/____ *Security Code:* _____

Signature: _____

Please keep this donation confidential.

On behalf of those we serve, many thanks for your generous support.

***For more information about MFHS, visit our website at www.mfhs.org
1-800-367-6347***

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