



Postpartum Health Alliance

***P.O. Box 503396
San Diego, CA 92150-3396
(619) 685-7458***

Membership/Donor Form

The Postpartum Health Alliance Board and Volunteers have been very active over the past year, and we are proud to serve as San Diego's only volunteer non-profit group dedicated solely to helping moms, dads and families who face postpartum difficulties.

We rely on contributions, primarily through membership dues and donations, to help us continue our good work. I hope you will join us as a member or contribute as a donor, allowing us to continue our service to the community. We are seeking funds today to pay for maintenance of our warmline and website and to print more brochures for new moms who may need our support.

Your contribution today is important. I hope you will consider a tax-deductible donation or gift of membership and an additional contribution.

___ Individual: \$ 30
___ Professional: \$ 50
___ Organization: \$ 100

Name: _____
Organization/Title: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____ **Fax :** _____
E-mail: _____

Yes, I support PHA and have enclosed a gift of \$_____.

Please mail your check to:
**Postpartum Health Alliance
P.O. Box 503396
San Diego, CA 92150-3396**

Members and donors receive the Membership newsletter Crib Notes.