

How You Can Help

JOIN GOLDILOCKS IN SAVING LIVES!

I want to support Medlend in its efforts to improve the quality of life for those who need extra help.

Name _____

Title _____

Company _____

Address _____

City, State, Zip _____

Telephone (____) _____

Cell (____) _____

Email _____

I am making a tax-deductible contribution of:

\$35

\$75

\$100

\$250

\$500

Other _____

Please bill my:

Visa

MC

Amex

Account # _____ Exp. Date _____

Name (as it appears on card) _____

Signature _____

Date _____

Please add my name to the Medlend mailing list.

Please send me information about volunteering with Medlend.

I am a: Physician; Nurse/Midwife; Financial Controller; Logistician/Engineer; Other _____.

Please note: donations under \$10,000 will be pooled to procure one of the pieces of equipment listed on our web site.

Donations to Medlend, a 501(c)(3) organization, are tax deductible.

Please return to: Medlend/35 Baywood Avenue, Suite 1/ San Mateo, CA 94402/USA