



YES, GAWDA! I want to be a part of GAWDA Gives Back. Here is my donation to the Community Vision Mobile Medical Express.
\$25 \$50 \$100 \$250 \$500 \$1000 \$_____ Other

Community Vision's Mobile Medical Express serves as a mobile medical clinic for uninsured county residents, providing free care to those most desperately in need. Federal funding for the program was recently cut. Your donations will keep the Mobile Medical Express on the road and provide essential medical services to the poor living in Osceola, Florida.

Donating on behalf of: Company Individual
Name: _____
Company: _____
Address: _____
City: _____ St: ___ Zip: _____

Check enclosed (payable to GAWDA Gives Back)
Credit Card (circle one): VISA MC AMEX
Card #: _____
Exp.: _____ Billing Zip: _____
Signature: _____

100 N. 20th Street, 4th Floor, Philadelphia, PA 19103



----- Use additional forms for donations from multiple individuals -----



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