

If you prefer to make your donation by mail, please print and complete this form and mail it to:

Kirsten Rogers
Reach Out and Read Greater Philadelphia
34th Street and Civic Center Blvd.
3535 Market, Suite 1108
Philadelphia, PA 19104



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Your contribution to Reach Out and Read Greater Philadelphia enables primary care doctors and nurse practitioners to give brand-new books and literacy advice to young children and their families in need.

- Yes**, I'd like to make literacy promotion a routine part of pediatric primary care!

Enclosed is my check made payable to **Reach Out and Read, Inc.** for:

- \$50 enables Reach Out and Read Greater Philadelphia to provide the full, five-year program to one child
 \$200 helps provide the Reach Out and Read program to a family with four children
 \$600 helps provide the Reach Out and Read program to 12 children
 \$1,000 helps Reach Out and Read Greater Philadelphia provide the full, five year program to 20 children
 other \$ _____

Or please charge my (circle one): VISA MASTERCARD AMEX DISCOVER

Card number: _____

Expiration date: _____ Security code (3 or 4 digits on card): _____

Name on card: _____ Authorized signature: _____

Billing address (if different from above): _____

City: _____ State: _____ Zip: _____

This gift is made:

In honor of: _____

On the occasion of: _____

In memory of: _____

Please send acknowledgment to:

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Thank you so much for supporting Reach Out and Read Greater Philadelphia! For additional information, please contact the Reach Out and Read Greater Philadelphia office at 215-590-5989 or info@rorgp.org .