

How to Fill Out a Check to Healthy San Francisco



1. Write today's date (MM/DD/YYYY)
2. Write "Healthy San Francisco"
3. Write your Participant Fee amount
4. Write out the dollar amount (see below)
5. Write your 14-digit Participant ID number
6. Sign

How to Write Out Participant Fee Dollar Amounts

\$60.00	sixty dollars and no cents
\$150.00	one hundred fifty dollars and no cents
\$300.00	three hundred dollars and no cents
\$450.00	four hundred fifty dollars and no cents

How to Fill Out a Money Order to Healthy San Francisco

Pay to the Order of	Write "Healthy San Francisco"
Payment for / Account # / Memo	Write your 14-digit Participant ID number
Purchaser's Address	Write your address
Purchaser's Signature	Sign

Before mailing, please insert your invoice slip in the provided envelope along with your payment.

Please mail your payment to **P.O. Box 7146 San Francisco, CA 94120-7146**.

If you have lost your invoice, please contact HSF Customer Service at

1(415) 615-4555 to request a new one.