COUPON SLIP

PeachCare for Kids®

Date

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Please make sure to write all case information clearly so that your payment is credited to the correct account. Please call 1-877-427-3224 with any questions you may have.

PAYMENT NUMBER	CASE NUMBER	MONTHLY PAYMENT

PAYMENTS ARE DUE 30 DAYS BEFORE 1ST DAY OF COVERAGE MONTH

MAKE CHECKS PAYABLE TO:

PEACHCARE FOR KIDS
PO BOX 44031
JACKSONVILLE FL 32231

Parent Name:

_____
First, Middle, Last