



Pennsylvania Chapter

Donation/Membership Form

The Defender
newsletter -
add a language: *French German Italian Spanish Portuguese*

Today's Date

First Name

Last Name

Email Address

Donation Amount

Would you like to become a member?
Requires minimum \$10 donation.

Yes

No

*Already a
Member*

Street Address

City

State

Zip Code

Country

Phone

I agree to receive text messages from CHD. Msg/data rates may apply. Opt out at any time.

**Children's Health Defense® - Pennsylvania Chapter
is a 501(c)(3) non-profit organization.**

Our mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable and establish safeguards to prevent future harm. We fight corruption, mass surveillance and censorship that put profits before people as well as advocate for worldwide rights to health freedom and bodily autonomy.