



Women with a Mission

Yes, I want to be a part of Women with a Mission!

Join online now at mercyhealthfoundation.net/springfield or complete this form and mail to the address below.

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____

- Enclosed is a check payable to *Mercy Health Foundation* with my full annual membership of \$1,000 minimum or \$_____
- Mercy co-worker payroll deduction (\$38.46 per pay period). Lawson ID #: _____
- Charge my credit card:
 - ___ annually (\$1,000 or \$_____)
 - ___ semi-annually (\$500 or \$_____)
 - ___ quarterly (\$250 or \$_____)
 - ___ monthly (\$84 or \$_____)

Card Type: __Mastercard __Visa __AMEX __Discover

Card Number _____

Cardholder's Name _____

Expiration Date _____

Signature _____

- I would like information about planned giving and the Callaghan Society

PLEASE MAIL COMPLETED FORM TO:

Women with a Mission

Mercy Health Foundation Springfield

3265 S. National Ave | Ste 200 | Springfield, MO 65807

Women with a Mission donations to Mercy Health Foundation are tax deductible.

