



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

Join online now at [mercyhealthfoundation.net/springfield/wwam](http://mercyhealthfoundation.net/springfield/wwam) or complete this form and mail to the address below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

- I would like to sponsor someone's membership for \$1,000.** Sponsored member's name:

\_\_\_\_\_

### Please make my payment:

- Annually (\$1,000)     Semi-annually (\$500)  
 Quarterly (\$250)     Monthly (\$83.33)

### Payment options:

- Check**

Enclosed is a check payable to *Mercy Health Foundation* for \$\_\_\_\_\_

- Credit Card**

I will enter my credit card information securely online by scanning the QR code or visiting [mercyhealthfoundation.net/springfield/wwam](http://mercyhealthfoundation.net/springfield/wwam)



- Mercy Co-worker Payroll Deduction**

Lawson ID \_\_\_\_\_

Signature \_\_\_\_\_

- I would like information about Legacy Giving and the Callaghan Society**

### PLEASE MAIL COMPLETED FORM TO:

#### Women with a Mission

Mercy Health Foundation Springfield  
3265 S. National Ave | Suite 200  
Springfield, MO 65807

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

**Mercy**   
**Health  
Foundation**