



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

Join online now at mercyhealthfoundation.net/washington/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/washington/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 - Four Rivers

Mercy Health Foundation Washington
901 E. Fifth Street
Washington, MO 63090

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

Mercy†
Health
Foundation