



Women with a Mission

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

To join, complete this form and mail to the address below. Or join online by visiting:

mercyhealthfoundation.net/lebanon/WWAM

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____

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

Payment options:

- Check**

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

Annually | \$1,000

Semi-annually | \$500

Quarterly | \$250

Monthly | \$84

- Credit Card**

I will enter my credit card information securely online by scanning the QR code or visiting mercyhealthfoundation.net/lebanon/WWAM



- Mercy Co-worker Payroll Deduction**

\$40 per pay period

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

100 Hospital Drive

Lebanon, MO 65536

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

