

## Women with a Mission

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

Join online right now at [mercyhealthfoundation.net](http://mercyhealthfoundation.net) 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 \$ \_\_\_\_\_

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 \_\_\_\_\_

Mercy co-workers who wish to use payroll deduction, please provide your Lawson ID #: \_\_\_\_\_

I would like information about the Callaghan Society of Planned Giving.

### PLEASE MAIL COMPLETED FORM TO:

#### Women with a Mission

Mercy Health Foundation Joplin

100 Mercy Way

Joplin, MO 64804

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

PLEASE SEE REVERSE SIDE

