



Women's Healthcare Fund

The mission of the WHF is to improve the health of women in our community through education and prevention in association with Saint Alphonus sponsored projects.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (O) _____

Fax: _____ E-mail _____

YES, I WANT TO MAKE A DIFFERENCE:

WOMEN'S HEALTHCARE FUND ANNUAL DUES:

Gift of Support: **\$100**
Members receive quarterly newsletters, notification of healthcare events and an invitation to the WHF Annual Meeting

Gift of Impact: **\$500**
Make a larger contribution to health education in our community. Members receive all the benefits of Gift of Support members and \$400 is used for additional educational programs for women.

The Secret Sisters Society (additional \$50 annual dues) **\$50**
The Secret Sister Society dues are used solely to provide free mammograms to women in Idaho who could not otherwise afford them. (Must be a member of the WHF)

The Cardio Chicks (additional \$50 annual dues) **\$50**
The Cardio Chicks dues are used solely to educate women in our community on Heart disease and prevention through the Red Dress Campaign. (Must be a member of the WHF)

Enclosed is my contribution (total of selection memberships) Of: \$ _____

My tax deductible check is enclosed

I want to pay by credit card: VISA MASTERCARD

Account # _____ Exp. Date: _____

Print Name: _____

Signature: _____

Mail to: Saint Alphonus Foundation
1055 N. Curtis Rd, Boise, Idaho 83706 367-2759

Please contact me with more information

Please send membership information to the following friends:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____



Saint Alphonus
FOUNDATION