



Women's Task Force
Saint Joseph Regional Medical Center

Please accept my/our \$ _____ donation for the Women's Task Force and their mission of empowering women, through knowledge and support, to gain optimal health.

- Breast Cancer/*Secret Sisters Society* Mammogram Fund
- Ovarian Cancer/Gyna-Girls
- Young Survivors
- Other _____

Donor _____

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This donation is

- In memory of _____
- In honor of _____

If you would like us to notify someone of your gift, please complete the following information. (*No amount will be mentioned.*)

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City _____ State _____ Zip _____ Phone _____

- Check or Money Order (*Please make payable to Women's Task Force*)
- Credit Card Visa Mastercard Discover American Express

Account Number _____ Exp. Date _____

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*The Foundation of Saint Joseph Regional Medical Center is qualified by the IRS to receive charitable donations.
Your gift is fully tax deductible as provided by law.*

Questions? Please call 574.247.8791 or, for more information, visit www.womenstaskforce.org

Please mail to:
The Foundation of SJRMC – *Women's Task Force*
4215 Edison Lakes Pkwy, Suite 300 • Mishawaka, IN 46545
