



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

- Secret Sisters Society Fund (Breast & Cervical Cancer)
- Women's Task Force (Education & Support)
- Young Survivors (Breast Cancer)
- 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 the Foundation of SJHS*)
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Account Number _____ Exp. Date _____

Signature _____

The Foundation of Saint Joseph Health System (formerly known as 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.

**Donate on-line at www.sjmed.com/ways-to-give
Call 574.335.4540 to charge by phone or print form and mail to:**

The Foundation of SJHS
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