



Women's Giving Circle Annual Membership Form

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Giving Options (the Women's Giving Circle Contribution Level is \$250; however, if you wish to give more we would gladly welcome your additional generosity to help mothers and babies in our community):

\$250 \$500 \$750 \$1,000 Other \$ _____

I have enclosed my check payable to Mohawk Valley Health System Foundation

-or-

Please charge my gift to:

VISA MasterCard Discover

Credit Card Number

Exp. Date _____ CV Code _____
(3 digits on back of card)

Cardholder Signature _____

Cardholder Name _____

Give the Gift of Membership

In addition to renewing your membership; you can also honor a friend by purchasing one for them. We will let them know about your kindness.

Name _____

Address _____

Phone _____

E-mail _____

Completed forms can be returned to the MVHS Foundation Office at 1676 Sunset Ave., Utica, NY 13502.