

***I am pleased to support FHWIM with my Tax Deductible Contribution***

(Mr., Mrs., Ms., Dr.) \_\_\_\_\_

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I Pledge \$ \_\_\_\_\_ Cash or check payment:

This Gift is \_\_\_ in Honor of \_\_\_ In Memory of \_\_\_\_\_

\_\_\_ I am interested in making a planned gift to FHWIM. Could someone please contact me.

\_\_\_ I have included FHWIM in my will. How do I become a member of the Hannah Longshore Society?

*Please make checks payable to:*

*The Foundation for the History of Women in Medicine (FHWIM)*

P.O. Box 543, Pottstown, PA 19464 Phone: 484-945-2106 Fax: 610-970-7520

**Friends of FHWIM**

**Levels of Participation**

Founder \$10,000+

Benefactor \$ 5,000+

Patron \$ 2,500+

Sponsor \$ 1,000+

Director \$ 500+

Associate \$ 250+

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