

I am pleased to support FHWIM with my Tax Deductible Contribution

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I Pledge \$ _____ Cash or check payment:

This Gift is ____ in Honor of ____ In Memory of _____

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

(Please see reverse side for additional giving opportunities!)

Friends of FHWIM

**Levels of
Participation**

Founder \$10,000+

Benefactor \$ 5,000+

Patron \$ 2,500+

Sponsor \$ 1,000+

Director \$ 500+

Associate \$ 250+

The Foundation for the History of Women in Medicine has several opportunities for you to support our efforts:

_____ Please send me more information on your recently established Tribute Gift Program.
I would like to honor a colleague.

_____ I am interested in supporting the Louise Schnauer Oral History Project with a pledge of
\$_____ payable over 3 years. My first payment of \$_____ is
enclosed. (This is a three year restricted campaign. All gifts will be restricted for use
in the oral history program)

_____ I have included the Foundation in my will. How do I become a member of the
Hannah Longshore Society?

_____ I am interested in making a bequest to the Foundation. Please contact me
by phone at _____.

Thank you for your interest in perpetuating the programs and
activities of The Foundation for the History of Women in Medicine.

