

Printable Form for Cash or Check Donation

I am please to support FHWIM with my Tax Deductible Contribution

Name (First, Last, Suffix, Title): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

\_\_\_\_\_ I am interested in supporting the 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 \_\_\_\_\_.

\_\_\_\_\_ Please send me more information on the Tribute Gift Program. I would like to honor a colleague.

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